

UNITED STATES DISTRICT COURT  
DISTRICT OF MASSACHUSETTS

C.A. NO. 04-40247-FDS

MARY RIVARD, )  
Plaintiff )  
 )  
v. )  
 )  
HOME DEPOT, )  
Defendant )

FILED  
CLERK OF COURT  
TO MAY 18 A 11: 59  
DISTRICT COURT  
DISTRICT OF MASSACHUSETTS

AUTOMATIC REQUIRED DISCLOSURES OF PLAINTIFF, MARY RIVARD

Pursuant to Fed. R. Civ. P. 26 and Local Rule 26.2, plaintiff, MARY RIVARD, hereby submits its automatic required disclosures.

A. Individuals Likely To Have Discoverable Information In Support Of Plaintiff's Claims And Defendant's Counterclaims And Third-Party Claims

| <u>Name</u> | <u>Address/Telephone</u>   | <u>Subject Of Information</u>   |
|-------------|--|---|
| Mary Rivard | c/o John L. Roncone III,<br>Roncone Law Offices, P.C.,<br>142 Main Street, Leominster,<br>MA 01453 | Knowledge concerning: (i) circumstances surrounding the happening of the slip and fall accident on October 14, 2002 at the Home Depot premises, Store # 2676, 135 Commercial Road, Leominster, Massachusetts; (ii) Mary Rivard's resulting injuries, medical treatment, recovery and resulting damages, (iii) Mary Rivard's damages, including pain and suffering, monetary loss and future treatment resultant to the subject slip and fall; and (iv) description of the defect upon the premises which caused Mary Rivard's fall. |

|               |   |   |
|---------------|---|---|
| Robert Rivard | 19 Simond Hill Road,<br>Hubbardston, MA 01452   | Knowledge concerning: (i) circumstances surrounding the happening of the slip and fall accident on October 14, 2002 at the Home Depot premises, Store # 2676, 135 Commercial Road, Leominster, Massachusetts; (ii) Mary Rivard's resulting injuries, medical treatment, recovery and resulting damages, (iii) Mary Rivard's damages, including pain and suffering, monetary loss and future treatment resultant to the subject slip and fall; and (iv) description of the defect upon the premises which caused Mary Rivard's fall. |
| Jason Carter  | Store manager, Home Depot premises, Store # 2676, 135 Commercial Road, Leominster, Massachusetts  | Knowledge concerning: (i) circumstances surrounding the happening of the slip and fall accident on October 14, 2002 at the Home Depot premises, Store # 2676, 135 Commercial Road, Leominster, Massachusetts; (ii) identity of co-workers/witnesses to Rivard's fall and injury.  |
| Derek Grieco  | Immaculate Power Sweeping LLC., 563 Mammoth Road, Pelham, NH or PO BOX 144, Londonderry, NH 03053 | Knowledge concerning (i) the condition and maintenance of the parking lot area of the Defendant's premises at the time or prior to the slip and fall incident of Mary Rivard; (ii) maintenance and sweeping routine and schedule of the maintenance of the parking lot area of the Defendant's premises; (iii)  |

|   |   |   |
|---|---|---|
| U MASS Memorial<br>Health Alliance Hospital | 60 Hospital Road<br>Leominster, MA 01453  | Knowledge concerning (i)<br>Mary Rivard's personal<br>injuries as a result of slip<br>and fall accident of October<br>14, 2002; (ii) medical<br>records and bills of<br>treatment of Mary Rivard<br>for slip and fall accident;<br>(ii) prognosis for future<br>medical treatment |
| Edward Kamens, MD                           | Leominster Hospital<br>Medical Building<br>50 Memorial Drive, Ste 214<br>Leominster, MA 01453 | Knowledge concerning (i)<br>Mary Rivard's personal<br>injuries as a result of slip<br>and fall accident of October<br>14, 2002; (ii) medical<br>records and bills of<br>treatment of Mary Rivard<br>for slip and fall accident;<br>(ii) prognosis for future<br>medical treatment |
| Cheong H. Kim, MD                           | Leominster Hospital<br>Medical Building<br>50 Memorial Drive, Ste 212<br>Leominster, MA 01453 | Knowledge concerning (i)<br>Mary Rivard's personal<br>injuries as a result of slip<br>and fall accident of October<br>14, 2002; (ii) medical<br>records and bills of<br>treatment of Mary Rivard<br>for slip and fall accident;<br>(ii) prognosis for future<br>medical treatment |
| Joseph Lanza, DMD                           | 16 Depot Square<br>Leominster, MA 01453   | Knowledge concerning (i)<br>Mary Rivard's personal<br>injuries as a result of slip<br>and fall accident of October<br>14, 2002; (ii) medical<br>records and bills of<br>treatment of Mary Rivard<br>for slip and fall accident;<br>(ii) prognosis for future<br>medical treatment |

|                                    |   |   |
|------------------------------------|---|---|
| Nicholas Manzoli, MD               | Central New England<br>Endodontics<br>100 Whalon Street<br>Fitchburg, MA 01420                | Knowledge concerning (i)<br>Mary Rivard's personal<br>injuries as a result of slip<br>and fall accident of October<br>14, 2002; (ii) medical<br>records and bills of<br>treatment of Mary Rivard<br>for slip and fall accident;<br>(ii) prognosis for future<br>medical treatment |
| Lloyd Alderson, MD                 | Leominster Hospital<br>Medical Building<br>50 Memorial Drive, Ste 211<br>Leominster, MA 01453 | Knowledge concerning (i)<br>Mary Rivard's personal<br>injuries as a result of slip<br>and fall accident of October<br>14, 2002; (ii) medical<br>records and bills of<br>treatment of Mary Rivard<br>for slip and fall accident;<br>(ii) prognosis for future<br>medical treatment |
| Hubbardston Family<br>Chiropractic | 48 Gardner Road<br>Hubbardston, MA 01452  | Knowledge concerning (i)<br>Mary Rivard's personal<br>injuries as a result of slip<br>and fall accident of October<br>14, 2002; (ii) medical<br>records and bills of<br>treatment of Mary Rivard<br>for slip and fall accident;<br>(ii) prognosis for future<br>medical treatment |

B. Documents.

Copies of responsive documents are provided herewith.

C. Computation of Damages.

With respect to Mary Rivard's claims for personal injuries, Rivard anticipates presenting evidence that the damages resulting from the subject slip and fall incident will total approximately \$ 175,000.00 to 225,000.00. This calculation is based upon the pain

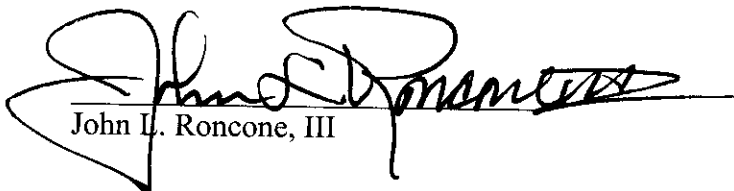
UNITED STATES DISTRICT COURT  
DISTRICT OF MASSACHUSETTS

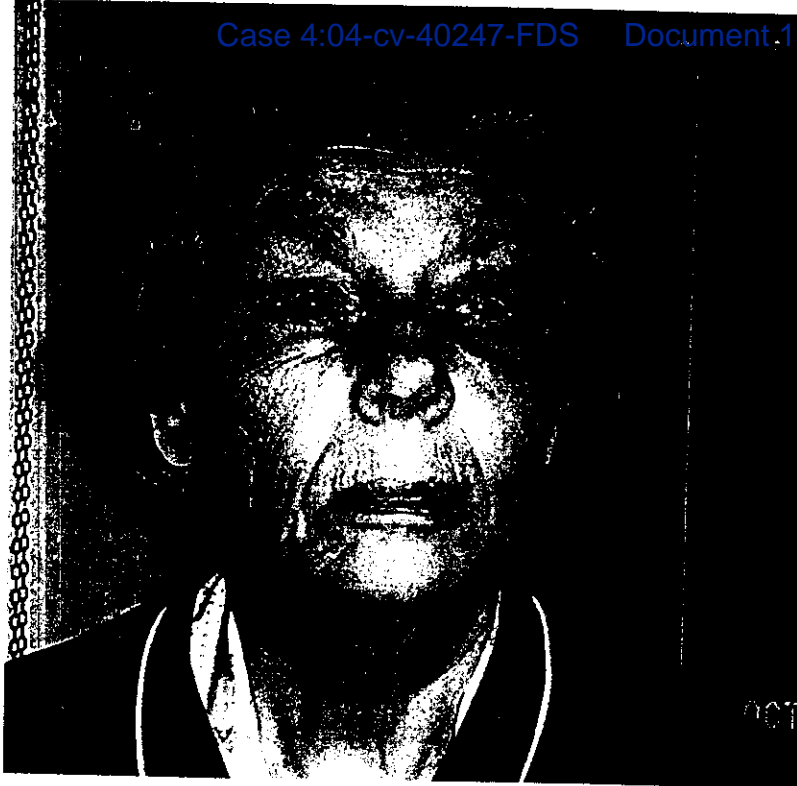
C.A. NO. 04-40247-FDS

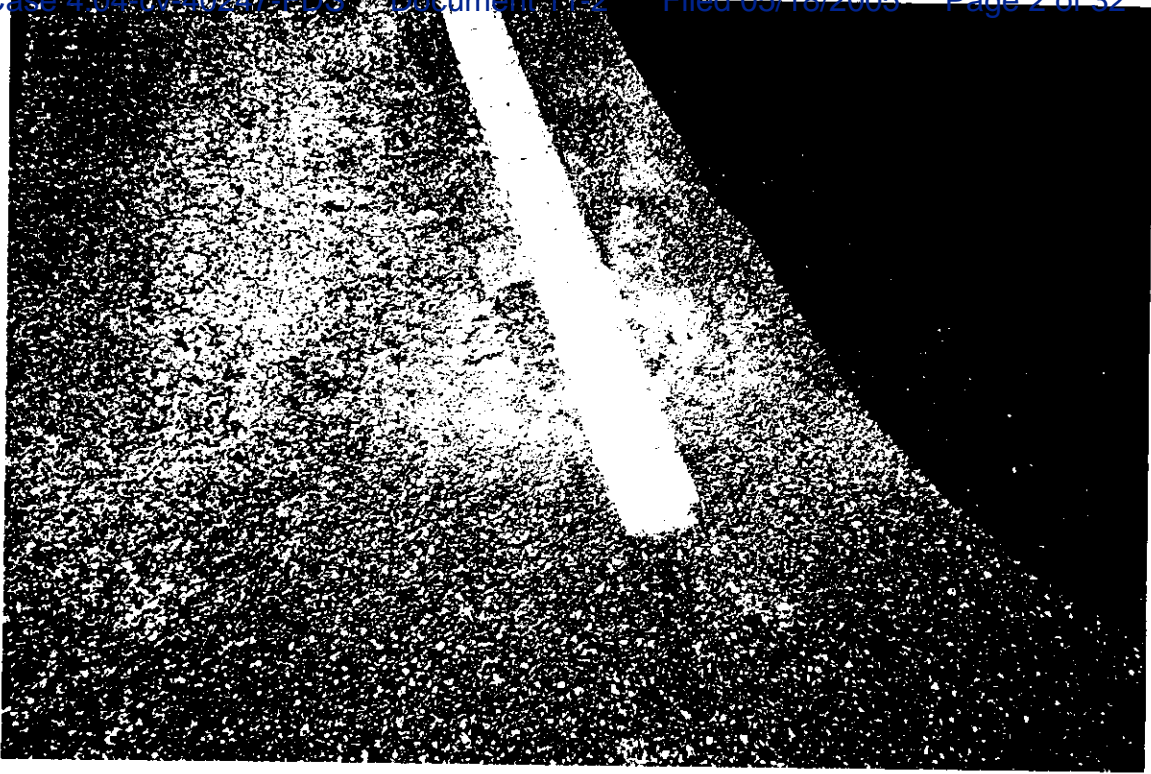
MARY RIVARD, )  
Plaintiff )  
v. )  
HOME DEPOT, )  
Defendant )

**CERTIFICATE OF SERVICE**

I, John L. Roncone, III, Esquire, hereby certify that I have served the within Automatic Required Disclosures of Plaintiff upon the Defendant, by mailing copies of same to the Defendant's attorney of record: Christopher A. Callanan, Esquire, Campbell, Campbell, Edwards & Conroy, One Constitution Plaza, Third Floor, Boston, Massachusetts, 02129, this 16<sup>th</sup> day of May, 2005.

  
John L. Roncone, III







## Sedgwick CMS

Sedgwick Claims Management Services, Inc.  
P.O. Box 105166, Atlanta, GA 30348-5166  
Telephone 800-253-4527 ext 19688. Facsimile 770-384-2349

January 13, 2004

Derek Grieco  
Immaculate Power Sweeping  
PO BOX 144  
Londonderry, NH 03053

RE: Client: Home Depot  
Claimant: Mary Rivard  
Date of Loss: 10/14/02  
Claim Number: 1904151

Dear Mr. Grieco:

More specifically, the claimant alleges that she tripped over a 'piece of harden cement' in the parking lot at store #2676 located in Leominster, MA. I confirmed with the store manager, Jason Carter that the substance was concrete cement spill that had harden around 6 inches in diameter. You can reach the claimant attorney, John L. Roncone, Roncone Law Offices, 142 Main St., Leominster, MA 01453 at 978-534-2444.

My understanding that your company maintains the parking lot daily at the time by way of sweeping and cleaning the parking lot. We feel that you should have been aware of the area involved that the claimant tripped over. In accordance we look to and request that you communicate this information to the appropriate insurer as may be required, and that you respond to, indemnify, and further defend Home Depot in this matter.

I would appreciate you advising me as to your decision on how you will be handling this matter, as well as the final outcome of any investigation or adjustment process of this claim immediately.

If you have any questions concerning the enclosed, or your organization's ability to indemnify and defend Home Depot in this claim, please contact me immediately at (800) 253-4527, extension 81592.

Lastly, I ask that you further acknowledge receipt of by signing and immediately returning a copy of this letter to my office via facsimile to 770-384-2652. Your attention to this matter will be greatly appreciated. If I can be of further assistance, please do not hesitate to contact me.

Sincerely,

Gary W. Garvin, PCLA  
Claims Examiner III



Sedgwick CMS  
Home Depot Unit

cc: John L. Roncone, Attorney

ACKNOWLEDGE & AGREED TO:

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT NAME/TITLE

Oct 14, 2002

TE

SENTINEL &amp; ENTERPRISE

# areham

psy was scheduled for today. A teenager was hospitalized for injuries that were not reportedly reatening. Families asked anyone with information call State Police at 508-295-1200 or District Attorney's Office at 508-295-1200.



AP PHOTOS

ters along the route of the

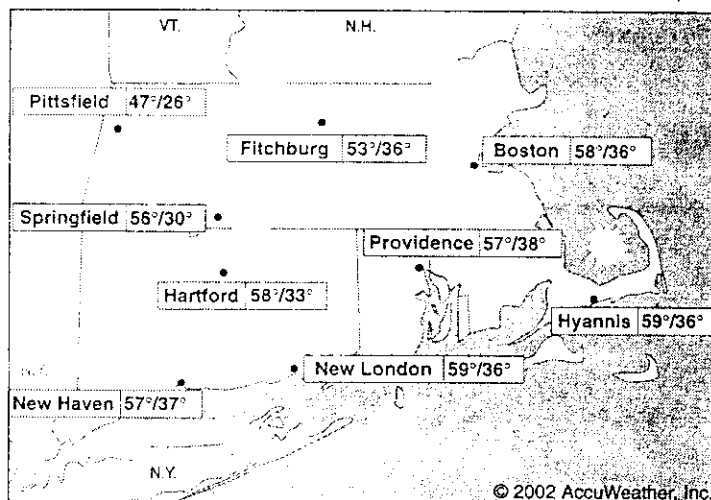
supporter George Heffron

## ccusations

stories, where he was a board member between 1990 and 1993, was purchased by Corning Inc. in 1993. Romney's firm, Bain Capital Inc., tripled its investment in the company and made \$7.1 million. In 1996, Damon pleaded guilty to a federal conspiracy and paid a \$15 million fine in 1998 and 1993. The firm paid a \$119 million

### TODAY'S WEATHER

AccuWeather Inc. via AP



### The Forecast

- Monday:** Mostly sunny and breezy. Highs in the mid 50s. North winds 15 to 25. Tonight, clear and colder. Lows near 30.
- Tuesday:** Mostly sunny. Highs in the mid 50s.
- Wednesday:** Rain likely. Windy. Highs 52 to 57. Chance of rain 80 percent.

### LOTTERY

via AP

#### Massachusetts

Sunday's Daily Number: **2-8-4-1**

Payoffs based on a \$1 bet:

|                          |                    |
|--------------------------|--------------------|
| Exact order:             | Any order:         |
| All four: \$4,072.       | All four: \$170.   |
| First/last three: \$570. | First three: \$95. |
| Any two: \$49.           | Last three: \$95.  |
| Any one: \$5.            |                    |

#### Northern New England

Pick 3: **6-5-3** ..... Pick 4: **2-2-0-0**

#### Saturday numbers:

Powerball: **23-26-46-49-52** .....  
 Winners: None ..... Next expected jackpot: \$4.7 million

Mass Megabucks: ..... **1-5-10-13-25-38**  
 Winners: None ..... Next expected jackpot: \$4.7 million

### What's open, closed on Columbus Day

**Retail Stores/Supermarkets:** Open; hours vary  
**Liquor Stores:** Open  
**Convenience Stores:** Open  
**Restaurants/Taverns:** Open  
**Pharmacies:** Open

**Registry of Motor Vehicles:** Closed in Mass.; open in N.H.  
**State/County/Municipal Offices:** Closed in Mass.; open in N.H.  
**Stock Market:** Open

# THE RECORD

Oct 13, 2002

SENTINEL &amp; ENTERPRISE

al Library

rg

l Committee, 7 p.m., Brooks House  
ervation Commission, 7:30 p.m., Town Hall

ster

trial Development Commission, 7 p.m.,  
afety Building, 7 South St.

ham

ont Regional High School Building Com-  
5 p.m., library, Oakmont Regional High  
Oakmont Drive.

al Plan Committee, 7 p.m., Lyman Build-  
Main St.

er

trial Development Commission, 7 p.m.,  
all  
burg  
y Board of Trustees, 7:30 p.m., Ritter

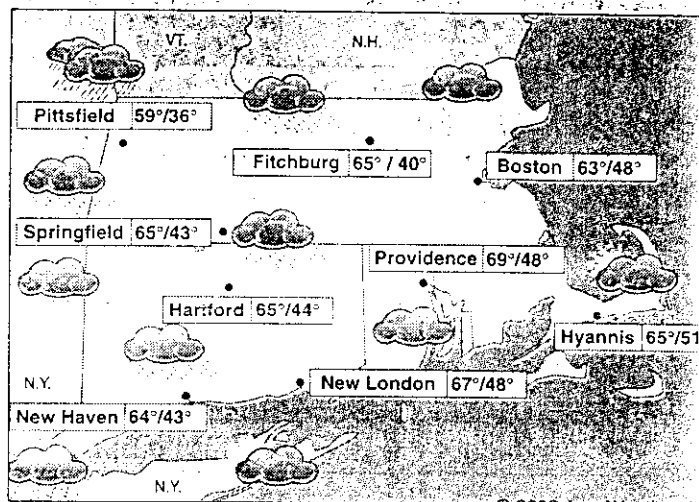
ay

burg

l Town Meeting, 7 a.m. to 5 p.m., Thomas  
s Elementary School

## TODAY'S WEATHER

AccuWeather Inc. via A



## The Forecast

- Today:** Cloudy with a chance of rain. High in the mid-60s. Low 40 to 45.
- Monday:** Mostly sunny. High in the mid-50s. Low 30 to 35.
- Tuesday:** Mostly sunny. High in the mid-50s.
- Wednesday:** Rainy. High 50 to 55.

## LOTTERY

via A

### Massachusetts

Saturday's Daily Number: **9-6-8-3**

Payoffs based on a \$1 bet:

Exact order: All four: \$5,416  
First/last three: \$758  
Any two: \$65  
Any one: \$6

Any order: All four: \$226  
First three: \$126  
Last three: \$126

### Friday numbers

MegaMillions: **9-11-17-26-41**.....MB: 2Mass Cash: .....**10-23-24-31-3**

### Northern New England

Pick 3: **0-2-2** .....Pick 4: **6-8-0**Tri-State Megabucks: **2-3-23-27-28-35** .....bonus: 3

## What's open, closed on Columbus Day

Retail Stores/Super-  
markets: Open; hours  
vary

Liquor Stores: Open  
Convenience Stores:  
Open

Restaurants/Taverns:  
Open

Pharmacies: Open  
Banks: Closed in Mass.;  
some open in N.H.

Post Office: No delivery  
Schools: Closed  
Libraries: Closed  
Register of Motor

open in N.H.

State/County/Municipal  
Offices: Closed in  
Mass.; open in N.H.

Stock Market: Open  
MBTA Service: All

buses, subway, trackless  
trolleys on Saturday sched-  
ule.

MART buses and shut-  
tles: No service.

Commuter rail and  
ferries: Regular weekday  
schedule.

The Sentinel &amp; Enter-

Sleep  
Sofas From  
**\$558<sup>00</sup>**  
Queen Size

4pc  
Bedroom Sets  
Dresser/ Mirror/ Chest/  
Headboard &  
Nightstand  
from **\$698<sup>00</sup>**

Entertainment  
Centers  
over 40 styles to  
choose from  
from **\$398<sup>00</sup>**

Oct. 12, 2002

THE RECORD

SENTINEL &amp; ENTERPRISE

# ostponed



SENTINEL & ENTERPRISE FILE PHOTO  
Henry Favreau.

## eclusion; at it means

rial Bridge. Last Sunday, he spoke at an annual anti-abortion rally on Boston Common.

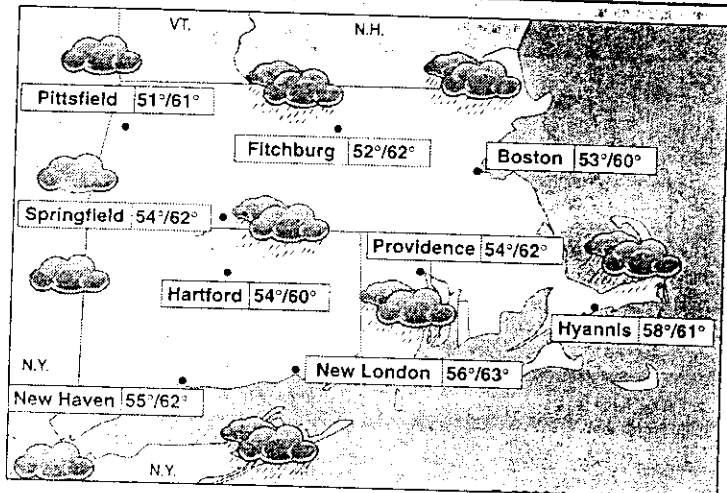
On Tuesday, he held a Mass in support of janitors who are striking for better wages and health care.

"I almost started crying when I saw that," former Vatican ambassador Ray Flynn said. "That's the church I grew up with ... putting the credibility of the church behind those poor janitors."

Law, who was deposed in a civil lawsuit Friday, was not available for comment, according to his spokeswoman, Donna Morrissey. She said there's no design behind Law's recent appearances and noted he had appeared publicly in Canada at World Youth Day events and at the bishops' confer-

### TODAY'S WEATHER

AccuWeather Inc. via AP



### The Forecast

- **Today:** Rain. High 55 to 60. Low in the lower 50s.
- **Sunday:** Cloudy with a chance of rain. High 55 to 60. Low 40 to 45.
- **Monday:** Partly sunny. High in the low 50s. Low in the low 30s.
- **Tuesday:** Mostly clear early, then mostly cloudy with a chance of rain. High in the low 50s.
- **Wednesday:** Rain likely. High in the low 50s.

### LOTTERY

via AP

#### Massachusetts

Friday's Daily Number: **9-9-7-4**

Payoffs based on a \$1 bet:

Exact order:  
All four: \$4,932  
First/last three: \$690  
Any two: \$59  
Any one: \$6

Any order:  
All four: \$411  
First three: \$230  
Last three: \$115

#### Northern New England

Pick 3: **7-5-5** ..... Pick 4: **9-0-2-5**Tri-State CashLotto: **2-9-14-20** ..... Wild: **5**

### ARRESTS

#### Shirley

Tuesday, Oct. 8

Ralph E. Ricker, 44, 29 Vine St., Fitchburg, was arrested at 5 p.m. at the Shirley Police Station by Officer Peter Violette and charged with two counts of indecent assault and battery on a person under 14 years old.

#### Pepperell

Tuesday, Oct. 8

Julius S. Lane, 22, 39 Pleasant St., Leominster, was arrested at 7:45 p.m. on Tucker Street by Det. William Greatehead on a Gardner Court warrant for

charged with failure to display license plates, impeded operation of a motor vehicle, and operating a motor vehicle after license suspension.

#### Boxborough

Monday, Oct. 7

Juan R. Rodriguez, 58, 387 Blossom St., Fitchburg, was arrested on a warrant for armed assault with intent to murder at 5:09 p.m. on Massachusetts Avenue by Officer Brett Pelley. He was also charged with operating an unregistered and uninsured motor vehicle, illegally

# RECORD

SENTINEL &amp; ENTERPRISE

## Convicted mayor asks to delay prison date

PROVIDENCE, R.I. (AP) — Former Mayor Vincent "Buddy" Cianci Jr. asked an appeals court Thursday to allow him to remain free on bail while his corruption conviction is reviewed by the higher court.

Cianci, 61, is due to report Dec. 6 to the Elkton Federal Correctional Institution in Ohio to begin serving his five year, four month sentence for racketeering conspiracy.

St., Leominster, was arrested on warrants by Officer Jesus Morales at 7:13 p.m. on Lorchris Street.

Kenneth M. Graves, 42, 14 Argentine St., Leominster, was arrested by Officer Aaron Kennedy at 8:03 p.m. on Argentine Street and charged with assault and battery.

### Shirley

Sunday, Oct. 6

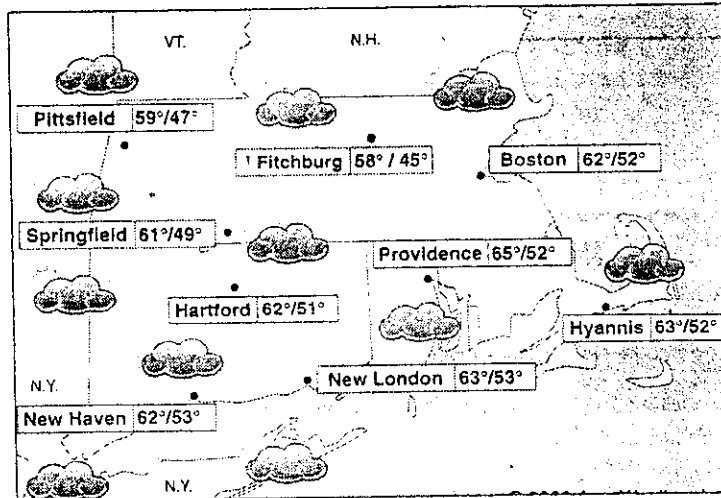
Shaun W. Armstrong, 23, 35 Heritage Lane, Leominster, was arrested at 2:40 p.m. on Catecunemaug Road by Officer Jack Hebert and charged with operating a motor vehicle after license suspension.

Monday, Oct. 7

Ian K. Jordan, 21, 34 Harvard Road, was arrested at 2:56 p.m. on Harvard Road by Officer Jack Hebert and charged with operating a motor vehicle after license suspension.

## TODAY'S WEATHER

AccuWeather Inc. via AP



### The Forecast

- Today:** Mostly cloudy. A chance of rain in the afternoon. Highs near 60. East winds 15 to 20 mph. Tonight, cloudy with a chance of rain.
- Saturday:** Rain. Highs 55 to 60. Chance of rain 80 percent.
- Sunday:** Mostly cloudy with a chance of rain. Highs near 60. Chance of rain 50 percent.

## LOTTERY

via AP

### Massachusetts

Thursday's Daily Number: 3-9-3-3

Payoffs based on a \$1 bet:

Mass Millions: 8-11-13-43-45-48.....Bonus: 49  
Winners: none Next expected jackpot: \$5.7 million

### Northern New England

Pick 3: 6-0-6 .....Pick 4: 0-2-8-3

## COURT

Jerry Yang, 19, 160 Plymouth St., Fitchburg, racing a motor vehicle, not responsible; negligent operation of a motor vehicle, continued without a finding to Sept. 30, 2003, \$100 court costs; speeding, responsible, filed. He was charged on June 19.

Cecilia D. McCarthy, 48, 261 Litchfield St., Leominster, operating an unregistered motor vehicle, responsible, \$100 fine; operating a motor vehicle with a suspended driver's license, guilty, \$500 fine, \$125 surfine, \$50 victim-witness fee. She was charged on July 9.

the nighttime for a felony, guilty, one year in the Worcester County House of Correction, with credit for 36 days time served, to run concurrent. He was charged on Aug. 19. Breaking and entering in the nighttime for a felony, guilty, one year in the Worcester County House of Correction, with credit for 36 days time served, concurrent; motor vehicle larceny, guilty, one year in the Worcester County House of Correction, with credit for 36 days time served, concurrent; malicious destruction of property, guilty, one year in the Worcester County

He was charged on Sept. 3.

Samuel Bermudez Jr., 26, 43 Madison St., Fitchburg, trespassing, guilty, 30 days in the Worcester County House of Correction, concurrent with sentence now being served. He was charged on Sept. 23.

### Judge John J. Curran Friday, Oct. 4

Mike Albano, no age given, 470 Grant St., Leominster, disobeying dog order, guilty, \$25 fine; disobeying dog order, to be dismissed upon payment of \$100 court costs; four other counts of disobeying dog order, dis-



Oct 10, 2002

D

SENTINEL &amp; ENTERPRISE

## ver bail

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a firearm without  
and unregistered  
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## injured

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released.

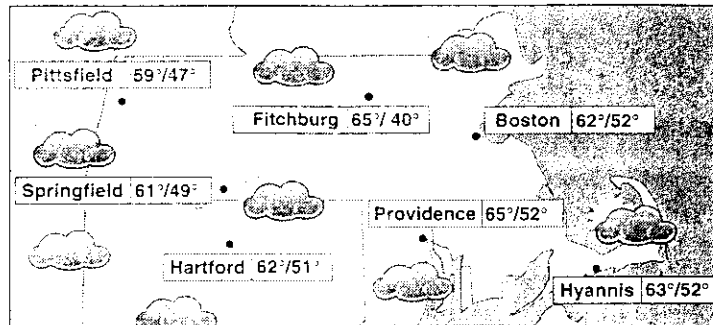
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ently investigating  
Bruce Pinto is in  
reconstruction.  
ached for com-

## TODAY'S WEATHER

AccuWeather Inc. via AP



## The Forecast

- Tonight:** Partly cloudy until midnight, then mostly cloudy. Low 40 to 45.
- Friday:** Cloudy with a chance of rain midday. High near 60.
- Friday night:** Occasional rain. Low 45 to 50.
- Saturday:** A chance of rain in the morning, otherwise partly cloudy. Low in the upper 40s.

## LOTTERY

via AP

### Massachusetts

Wednesday's Daily Number: **6-4-7-5**

Payoffs based on a \$1 bet:

Exact order:  
All four: \$4,681  
First/last three: \$655  
Any two: \$56  
Any one: \$6

Any order:  
All four: \$195  
First three: \$109  
Last three: \$109

Mass Megabucks: ..... **3-6-17-18-22-37**

Winners: none.....Next expected jackpot: \$4.8 million

Powerball: **9-10-38-42-43**.....PB: 5

### Northern New England

Pick 3: **3-0-2**.....Pick 4: **0-9-6-0**Tri-State Megabucks: **6-11-16-21-29-34**.....bonus: **31**

## YOUR GOVERNMENT TODAY

### Ashburnham

Planning Board, 7 p.m.,  
drop-in center, Fairbanks  
Memorial Hall, 32 Main St.

Cable Advisory Commit-  
tee, 7 p.m., selectmen's  
office, Fairbanks Memorial  
Hall.

### Ashby

Capital Plan Committee,  
7 p.m., Lyman Building,  
895 Main St.

Zoning Board of Appeals,

7 p.m., Lyman Building.

### Fitchburg

Human Rights Commis-  
sion, 5:15 p.m., Veteran's  
Room, City Hall, 718  
Main St.

Fitchburg Airport Com-  
mission, 6 p.m., Terminal  
Building, Fitchburg Air-  
port, Crawford Road.

### Lunenburg

Finance Committee, 7  
p.m., Town Hall.

IMMACULATE POWER SWEEPING, LLC  
563 Mammoth Road  
Pelham, NH 03076-2131



**PAID**

3059802608

**BILL TO**

**Invoice**

The Home Depot Maint. Dept.  
2455 Paces Ferry Road  
Atlanta, GA 30339  
Floor C.3

| DATE       | INVOICE # |
|------------|-----------|
| 10/31/2002 | 6748      |

| P.O. NO.   | TERMS  | DUE DATE   | PROJECT     |
|------------|--------|------------|-------------|
| 2676455095 | Net 45 | 12/15/2002 | Store #2676 |

| QUANTITY | DESCRIPTION  | RATE  | AMOUNT |
|----------|--|-------|--------|
|          | Leominster, MA   |       |        |
|          | Vendor #71195855   |       |        |
|          | Store #2676  |       |        |
|          | Work order #2676455095   |       |        |
| 21       | Parking lot litter control sweeping for the month of October.<br>Swept every Sun, Mon, Wed, Fri & Sat night. | 42.00 | 882.00 |

Thank you for choosing Immaculate Power Sweeping.  
Please indicate invoice # with payment.

**Total** \$882.00



## Sedgwick CMS

Sedgwick Claims Management Services  
PO Box 105166, Atlanta, GA 30348-5166  
800-253-4527 Facsimile 770-384-2349

January 27, 2004

John L. Roncone, Attorney  
Roncone Law Offices, P.C.  
142 Main Street  
PO BOX 767  
Leominster, MA 01453

|               |                |
|---------------|----------------|
| Re: Claimant: | Mary K. Rivard |
| Insured:      | Home Depot     |
| Date of Loss: | 10/14/02       |
| Claim Number: | 1904151        |

Dear Mr. Roncone:

This acknowledges receipt of your letter of January 15, 2004 and medical regarding your client, Mary Rivard. Please forward the narrative medical of Lloyd Alderson, the Neurologist and all narrative medical that we did not receive from any other treating physician. Until we receive the entire narrative medical, we will not be able to make an offer of your demand of \$225,000.00.

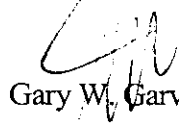
I have tendered this claim to Derek Grieco of Immaculate Power Sweeping on January 13, 2004 which a copy was forwarded to you. We feel they should indemnify the Home Depot since they maintain the parking lots daily at the time of the incident. I request that you send your demand package to them. Also, I feel there is some comparative negligence upon your client, since the store indicated the alleged substance that she tripped over 'harden cement' was at least 6" in diameter and open and obvious if she was watching where she was going.

Thank you for your cooperation in this matter. You may reach me at 800-253-4527, ext. 81592.



January 27, 2004

Sincerely,

A handwritten signature in black ink, appearing to read "Garvin", is written over the printed name.

Gary W. Garvin, PCLA

Claims Examiner III

cc Derek Grieco—Immaculate Power Sweeping



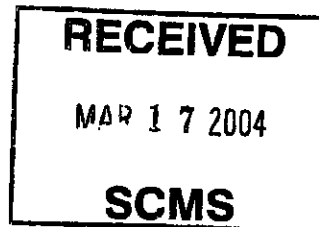
**Peerless  
Insurance**

Member of Liberty Mutual Group

62 Maple Avenue  
Keene, New Hampshire 03431  
603-352-3221  
1-800-542-5385

March 5, 2004

Gary Garvin  
Sedgwick Claims Management  
PO Box 105166  
Atlanta, GA 30348-5166



RE: Our Insured: Immaculate Power Sweeping  
Claim No.: 502285830  
Date of Loss: 10/14/02  
Claimant: Mary Rivard  
Your Claim No.: 1904151

Dear Mr. Garvin:

Peerless Insurance Company is the general liability carrier for Immaculate Power Sweeping. We acknowledge that on or about January 13, 2004 you placed our insured on notice for contribution in reference to the above-captioned incident.

I am kindly requesting you please forward proof of liability to my attention. Where is the contract between Home Depot and our client that states we owe you defense and indemnity? My understanding from speaking with our insured is that our insured is a "litter control sweeping service." How could a litter control sweeping service possibly pick up dried cement on the ground? If they could pick up cement on the ground, they would pick up the parking lot as well.

I am sure you can see that my initial response is to deny your claim. If you have information to that warrants a reconsideration on my part, please forward it at your earliest convenience.

Sincerely,

Melinda LaBarge  
Senior Claim Representative  
800-542-5385, Ext. 84600  
melinda.LaBarge@peerless-ins.com

ML:eg

CERTIFICATION UNDER MGL 23

RE: Name of Patient: May Rivard

THE ATTACHED DOCUMENTS ARE COPIES OF EXAMINATION,  
TREATMENT AND/OR BILLING RECORDS, THE CONTENTS OF  
WHICH ARE TRUE AND ACCURATE AS CERTIFIED, SUBSCRIBED  
AND SWORN UNDER THE PENALTIES OF PERJURY BY:

Patricia T. Byrnes 11/11/02  
Signature Date

Patricia T. Byrnes  
Print Name

MARK L. Haberman, M.D.  
Name of Provider/Facility

MARK L. HABERMAN, M.D.  
 LEOMINSTER HOSP MEDICAL BLDG  
 SUITE 214  
 LEOMINSTER MA 01453  
 (978)534-6863  
 med.ID 00-7402676

MARY RIVARD  
 165 CHAPMAN PL  
 LEOMINSTER MA 01453

11/11/02

Account: 002036

Servicing Dates-  
 10/17/02-11/11/02

| Date     | Proc. | Diag. | Description           | Patient Amount | Insurance Amount |
|----------|-------|-------|-----------------------|----------------|------------------|
| 10/17/02 | 99213 | 414.9 | ESI LOW               | 4.00           | 64.00            |
| 11/04/02 |       |       | Payment: MEDICARE     |                | 42.84            |
| 11/04/02 |       |       | Contract Adjustment   |                | 10.45            |
| 10/17/02 | 94760 | 414.9 | PULSE OXIMETRY        | 0.00           | 25.00            |
| 11/04/02 |       |       | Office Credit         |                | 25.00            |
| 10/17/02 | 90658 | V04.8 | VIRAL INJECTION 0.5CC | 0.00           | 25.00            |
| 11/04/02 |       |       | Payment: MEDICARE     |                | 6.02             |
| 11/04/02 |       |       | Contract Adjustment   |                | 16.98            |
| 10/17/02 | 90471 | V04.8 | ADMIN FEE FLU VACCINE | 0.00           | 10.00            |
| 11/04/02 |       |       | Payment: MEDICARE     |                | 4.37             |
| 11/04/02 |       |       | Contract Adjustment   |                | 5.63             |

|                       |           |      |                         |           |        |
|-----------------------|-----------|------|-------------------------|-----------|--------|
| ** PATIENT TOTALS --> | Fees:     | 0.00 | ** INSURANCE TOTALS --> | Fees:     | 124.00 |
|                       | Payments: | 0.00 |                         | Payments: | 55.23  |
|                       | Credits:  | 0.00 |                         | Credits:  | 56.06  |
|                       | Balance:  | 0.00 |                         | Balance:  | 10.71  |

CERTIFICATION UNDER MGL 23

RE: Name of Patient: MARY RIVARD

THE ATTACHED DOCUMENTS ARE COPIES OF EXAMINATION,  
TREATMENT AND/OR BILLING RECORDS, THE CONTENTS OF  
WHICH ARE TRUE AND ACCURATE AS CERTIFIED, SUBSCRIBED  
AND SWORN UNDER THE PENALTIES OF PERJURY BY:

[Signature] M.D.  
Signature Date

Lloyd Alderson  
Print Name

Lloyd Alderson, M.D. SC  
Name of Provider/Facility

Note: All records/bills from physician office must be signed by physician.

B.

LLOYD M. ALDERSON M.D.  
 50 MEMORIAL DR. SUITE 211  
 LEOMINSTER, MA 01453  
 Telephone 978 537-9499

## RECEIPT FOR SERVICES

MARY RIVARD (147) DOB:10241925 INS:MR M2 AAY  
 19 SIMOND HILL ROAD HUBBARDSTON, MA 01452  
 H:976-928-3838

LMA 02/19/04  
 @@@@

| Date                           | Code  | Detail | Description            | Amount  | Patient | Insurance |
|--------------------------------|-------|--------|------------------------|---------|---------|-----------|
| BALANCE CARRIED FORWARD -----> |       |        |                        |         | 0.00    | 0.00      |
| 061903                         |       |        |                        |         |         |           |
| 061903                         | O     | 11     | OFFICE                 |         |         |           |
|                                | LMA   |        | LLOYD M. ALDERSON, M.D |         |         |           |
|                                | NCD   |        | NEUROPATHY             |         |         |           |
|                                | OPCM  | 99244  | OUTPT CONSULT MODERATE | 220.00  | 0.00    | 220.00    |
|                                | REFER | 71     |                        |         |         |           |
|                                | MR    | 5      | MR Claim 062603 \$220  |         |         |           |
| 072503                         | MRCK  |        | MEDICARE CHECK         | -139.49 | 0.00    | 80.51     |
|                                | MRWO  |        | MEDICARE WRITEOFF      | -45.64  | 0.00    | 34.87     |
| 081403                         | MRCK  |        | MEDICARE CHECK         | -34.87  | 0.00    | 0.00      |
| 101603                         |       |        |                        |         |         |           |
| 101503                         | O     | 11     | OFFICE                 |         |         |           |
|                                | LMA   |        | LLOYD M. ALDERSON, M.D |         |         |           |
|                                | NCD   |        | NEUROPATHY             |         |         |           |
|                                | EPL   | 99213  | ESTABLISHED PT LOW     | 90.00   | 0.00    | 90.00     |
|                                | REFER | 71     |                        |         |         |           |
|                                | MR    | 5      | MR Claim 102003 \$90   |         |         |           |
| 112003                         | MRCK  |        | MEDICARE CHECK         | -43.53  | 0.00    | 46.47     |
|                                | MRWO  |        | MEDICARE WRITEOFF      | -35.59  | 0.00    | 10.88     |
| 020404                         |       |        |                        |         |         |           |
| 020404                         | O     | 11     | OFFICE                 |         |         |           |
|                                | LMA   |        | LLOYD M. ALDERSON, M.D |         |         |           |
|                                | NEU   | 355.9  | NEUROPATHY             |         |         |           |
|                                | EPM   | 99214  | ESTABLISHED PT MODERAT | 115.00  | 0.00    | 125.88    |
|                                | REFER | 71     |                        |         |         |           |
|                                | MR    | 5      | MR Claim 020904 \$115  |         |         |           |
| 021904                         |       |        |                        |         |         |           |

CERTIFICATION UNDER MGL 23

RE: Name of Patient: MARY RIVARD

THE ATTACHED DOCUMENTS ARE COPIES OF EXAMINATION,  
TREATMENT AND/OR BILLING RECORDS, THE CONTENTS OF  
WHICH ARE TRUE AND ACCURATE AS CERTIFIED, SUBSCRIBED  
AND SWORN UNDER THE PENALTIES OF PERJURY BY

Dr. Joseph P. Lanza 4/11-03  
Signature Date

Joseph P. LANZA  
Print Name

LANZA Dental  
Name of Provider/Facility





J. P. LANZA, D.M.D.  
16 DEPOT SQUARE  
LEOMINSTER, MASSACHUSETTS 01453  
—  
TELEPHONE 537-1977

*Mrs Mary Revard*

*Estimate for Crowns*

|       |        |
|-------|--------|
| #10 - | 850 -  |
| #11   | 850    |
| #12   | 850    |
| #13   | 850    |
|       | <hr/>  |
|       | 3400 - |


*Sincerely*

*Dr. Joseph P. Lanza*

CERTIFICATION UNDER MGL 23

RE Name of Patient: MARY K RIVARD

THE ATTACHED DOCUMENTS ARE COPIES OF EXAMINATION,  
TREATMENT AND/OR BILLING RECORDS, THE CONTENTS OF  
WHICH ARE TRUE AND ACCURATE AS CERTIFIED, SUBSCRIBED  
AND SWORN UNDER THE PENALTIES OF PERJURY BY

 4/24/03  
Signature Date

CHEONG H. KIM, MD  
Print Name

CHEONG H. KIM, MD  
Name of Provider/Facility

## STATEMENT

This is a statement for professional services rendered by your physician. You may receive a separate bill from the hospital for its services.

SEE REVERSE SIDE FOR AN IMPORTANT  
MESSAGE REGARDING HEALTH INSURANCE

Mary Rivard  
166 Chapman Place  
Leominster, MA 01453

## PATIENT NAME

Mary Rivard

## BILL DATE

04/10/03

## ACCOUNT NO.

9759

## AMOUNT PAID

THIS IS A STATEMENT OF SERVICES RENDERED BY  
PHYSICIANS WHO ARE MEMBERS OF:

PLEASE REMOVE AND RETURN THIS PORTION WITH YOUR PAYMENT

| DATE OF SERVICE | DESCRIPTION OF SERVICE                                    | AMOUNT   |
|-----------------|---|----------|
| 10/17/02        | Initial Office Consultation                               | \$190.00 |
| 11/14/02        | Paid on Account-Sedgwick Claims Mgmt. Svcs/The Home Depot | -190.00  |
|                 | Current Balance   | 0.00     |

DATE

PATIENT NAME

ACCOUNT NO.

PAY THIS  
AMOUNT

Payments received after this date  
will appear on your next statement.

MAKE CHECK  
PAYABLE TO:

IMPORTANT MESSAGE REGARDING YOUR ACCOUNT

CERTIFICATION UNDER MGL 23

RE: Name of Patient: Mary Rivard

THE ATTACHED DOCUMENTS ARE COPIES OF EXAMINATION,  
TREATMENT AND/OR BILLING RECORDS, THE CONTENTS OF  
WHICH ARE TRUE AND ACCURATE AS CERTIFIED, SUBSCRIBED  
AND SWORN UNDER THE PENALTIES OF PERJURY BY:

Kim McBride 11/15/02  
Signature Date

Kim McBride  
Print Name

Wachusett Emergency Physicians  
Name of Provider/Facility


NOV 27 2002

| PICA   |  |  |  | HEALTH INSURANCE CLAIM FORM                                 |  |  |  | PICA  |  |  |  |
|--|--|--|--|---|--|--|--|---|--|--|--|
| 1. MEDICARE  |  |  |  | 2. CHAMPUS  |  |  |  | 3. CHAMPVA  |  |  |  |
| 4. GROUP HEALTH PLAN   |  |  |  | 5. FECA (BLK 1000)  |  |  |  | 6. OTHER  |  |  |  |
| 7. PATIENT'S NAME (Last Name, First Name, Middle Initial)        |  |  |  | 8. PATIENT'S BIRTH DATE                                     |  |  |  | 9. INSURER'S NAME (Last Name, First Name, Middle Initial) |  |  |  |
| RIVARD MARY K  |  |  |  | 10 24 1925  |  |  |  | RIVARD MARY K   |  |  |  |
| 10. PATIENT'S ADDRESS (No. Street)                               |  |  |  | 11. PATIENT'S RELATIONSHIP TO INSURED                       |  |  |  | 12. INSURER'S ADDRESS (No. Street)                        |  |  |  |
| 166 CHAPMAN PLACE  |  |  |  | X   |  |  |  |   |  |  |  |
| LEOMINSTER MA  |  |  |  |   |  |  |  |   |  |  |  |
| 01453 (978) 466-6971   |  |  |  |   |  |  |  |   |  |  |  |
| 13. OTHER INSURER'S NAME (Last Name, First Name, Middle Initial) |  |  |  | 14. EMPLOYER'S NAME (Last Name, First Name, Middle Initial) |  |  |  | 15. INSURANCE PLAN NAME OR PROGRAM NAME                   |  |  |  |
| RIVARD MARY K  |  |  |  |   |  |  |  | POLICY BENE CHICAGO IL 60666                              |  |  |  |
| 16. OTHER INSURER'S ADDRESS (No. Street)                         |  |  |  | 17. EMPLOYER'S ADDRESS (No. Street)                         |  |  |  | 18. INSURANCE PLAN NAME OR PROGRAM NAME                   |  |  |  |
| 900191878  |  |  |  |   |  |  |  | BANKERS LIFE & CASUALTY                                   |  |  |  |
| 19. DATE OF CURRENT ASSIGNMENT                                   |  |  |  | 20. DATE OF NEXT ASSIGNMENT                                 |  |  |  | 21. DATE OF NEXT ASSIGNMENT                               |  |  |  |
| MM/DD/YY   |  |  |  | MM/DD/YY  |  |  |  | MM/DD/YY  |  |  |  |
| FLEMING, KAREN NP  |  |  |  | 802 8   |  |  |  |   |  |  |  |
| 10142002 10142002 23 2   |  |  |  | 21400 54  |  |  |  | 1 194 00 1  |  |  |  |
| 10142002 10142002 23 1   |  |  |  | 99283   |  |  |  | 1 125 00 1  |  |  |  |
| 042906048 X  |  |  |  | 301073  |  |  |  | 319 00 0 00 319 00  |  |  |  |
| LEOMINSTER HOSPITAL  |  |  |  | WACHUSETT EMERGENCY PHYS FC/L                               |  |  |  | 800-451-8389  |  |  |  |
| HOSPITAL ROAD  |  |  |  | 15 CENTER ST  |  |  |  |   |  |  |  |
| LEOMINSTER MA 01453  |  |  |  | FAIRHAVEN MA 02719  |  |  |  |   |  |  |  |
| KAREN FLEMING NP   |  |  |  | 042906048   |  |  |  |   |  |  |  |
| 11 21 2002   |  |  |  |   |  |  |  |   |  |  |  |

PLEASE PRINT OR TYPE

DATE: 11-12-02

"The attached itemized bills is a true and accurate copy. subscribed and sworn to under the pains and penalties of perjury."

  
Charlotte Cormier  
File Maintenance Clerk  
Patient Accounts  
978-466-2294

## ACCOUNT DETAIL DATA

SVC FAC: 5050

11/12/02 0910

PT NO: 5006946650 \*RIVARD ,MARY MR NO: 301073 ACCT TYPE: O  
 REG: 10/14/02 DSCH: FC: A PT: E EXP IND: ACCT BAL: 82.27

----- PAGE: 1 OF: 4  
 ACCT BAL A01 V N55 V I53 V PT BAL  
 82.27 .00 -511.47 82.27 511.47

| SVC    | POST   | SVC CD   | DESCRIPTION/COMMENT-REF DATE            | AMOUNT | BALANCE |
|--------|--------|----------|---|--------|---------|
| 101402 | 101602 | 37182003 | INTERMEDIATE SERVICE                    | 186.00 | 186.00  |
| 101402 | 101502 | 42146027 | XR FACIAL BONES COMPLETE                | 160.00 | 346.00  |
| 101402 | 101502 | 42146050 | XR MANDIBLE COMPLETE                    | 158.00 | 504.00  |
| 101402 | 101602 | 46800264 | TD ADULT                                | 7.47   | 511.47  |
| 101502 | 101502 |          | **PT PHONE NO. 000-0000                 |        |         |
| 101502 | 101502 |          | **BIRTH DATE 10/24/25                   |        |         |
| 101602 | 101602 |          | **FIN. CLASS P                          |        |         |
| 102402 | 102402 |          | **DSCH DX 802.4 CLSD FX MALAR/MAXILLARY |        |         |
| 102402 | 102402 |          | **ADM DX 802.4 CLSD FX MALAR/MAXILLARY  |        |         |
| 102402 | 102402 |          | **BILLED TO N55                         | 511.47 |         |

! (PF14) SEL PT ! (PF3) SELECT DTL ! (PF11) ACCT CASH  
 ! (PF15) PT OVERVIEW ! (PF10) CMNTS ! (PF4) USER PF16 D/E  
 ! (PF7) NEXT ! (PF9) LAST  
 SysAvl Appl

CERTIFICATION UNDER MGL 23

RE: Name of Patient:

MARY RIVARD

THE ATTACHED DOCUMENTS ARE COPIES OF EXAMINATION,  
TREATMENT AND/OR BILLING RECORDS, THE CONTENTS OF  
WHICH ARE TRUE AND ACCURATE AS CERTIFIED, SUBSCRIBED  
AND SWORN UNDER THE PENALTIES OF PERJURY BY:

Margaret Elena Russell  
Signature Date 4-27-05

Margaret Elena Russell  
Print Name

Cent Mass & Imaging, Inc.  
Name of Provider/Facility

Note: All records/bills from physician office must be signed by physician.



MAKE CHECKS  
PAYABLE TO:

\*\*\*

CENTMASS IMAGING, INC.  
BILLING OFFICE / A75  
2527 CRANBERRY HIGHWAY  
WAREHAM, MA 02571-5008  
800 294 5696 / 508 295 5556

FOR SERVICES RENDERED AT:

00000

**PLEASE KEEP THIS PORTION FOR YOUR RECORDS.**

EIN: 04-3229742

MARY RIVARD A75\*301073\*\*00  
166 CHAPMAN PLACE  
LEOMINSTER, MA 01453

PAYMENTS RECEIVED AFTER BILLING DATE  
WILL NOT APPEAR ON THIS STATEMENT.

PATIENT

MARY RIVARD

| ACCOUNT NUMBER | BILLING DATE | BALANCE NOW D. |
|----------------|--------------|----------------|
| 301073A75      | 04/14/03     | .00            |

| DATE OF SERVICE | PROCEDURE CODE | ICD9-CM CODE | DESCRIPTION OF SERVICE | AMOUNT |
|-----------------|----------------|--------------|------------------------|--------|
| 10/14/02        | 7011026        | 959.09       | MANDIBLE 4 VIEWS       | 45.00  |
| 11/21/02        | 1261493        | 95           | MEDICARE PAYMENT       | -10.78 |
| 11/21/02        | 1261493        | 95           | MEDICARE ADJUSTMENT    | -32.53 |
| 12/23/02        | 0000000        | 416          | COMM INS PAYMENT       | -2.69  |
| 10/14/02        | 7011026        | 959.09       | MANDIBLE 4 VIEWS       | 45.00  |
| 11/21/02        | 1261493        | 95           | MEDICARE PAYMENT       | -10.48 |
| 11/21/02        | 1261493        | 95           | MEDICARE ADJUSTMENT    | -31.90 |
| 12/23/02        | 0000000        | 417          | COMM INS PAYMENT       | -2.62  |

\*THIS CHARGE IS FOR INTERPRETATION OF X-RAYS BY  
CENTMASS IMAGING, INC.

**AGED BALANCE**

| CURRENT | OVER 30 DAYS | OVER 60 DAYS | OVER 90 DAYS | OVER 120 DAYS |
|---------|--------------|--------------|--------------|---------------|
| .00     | .00          | .00          | .00          | .00           |

**PATIENT  
BALANCE**



.00

**PLEASE RETURN THIS PORTION WITH YOUR PAYMENT.**

**AMOUNT  
ENCLOSED**



**\*\*PRIMARY INSURANCE\*\***

MEDICARE

ID#: 064209120A

GRP:

**\*SECONDARY INSURANCE\***

BANKERS LIFE & CASUALTY

ID#: 900191878

GRP:

CENTMASS IMAGING, INC.  
BILLING OFFICE / A75  
2527 CRANBERRY HIGHWAY  
WAREHAM, MA 02571-5008

**PATIENT'S NAME**

MARY RIVARD

**ACCOUNT NO.**

301073A75

**STATEMENT DATE**

04/14/03

CERTIFICATION UNDER MGL 23

RE Name of Patient: Mary Rivard

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WHICH ARE TRUE AND ACCURATE AS CERTIFIED, SUBSCRIBED  
AND SWORN UNDER THE PENALTIES OF PERJURY BY

Gloria H. Cullen 04/21/03  
Signature Date

Gloria H. Cullen 04/21/03  
Print Name

C.N.E.E.  
Name of Provider/Facility

**CENTRAL NEW ENGLAND ENDODONTICS  
100 WHALON STREET  
FITCHBURG, MA 01420**

|            |            |            |            |
|------------|------------|------------|------------|
| Providers  | (All)      | Superbill? | No         |
| Start Date | 01/08/2003 | End Date   | 01/08/2003 |

### Fitchburg Central New England Endodontics

100 Whalon Street  
Fitchburg, MA 01420-7194  
(978) 345-7555

### Mary Rivard

|  |   |  |
|--|---|--|
| 166 Chapman Place<br>Leominster, MA 01453- | <b>Patient Information</b>                          | Account Balance: \$0.00  |
|  | Home: (978) 466-6991<br>Business: (978) -           | Patient: \$0.00<br>Insurance: \$0.00 <span style="margin-left: 20px;">Estimated Balance</span> |
| Guarantor: Mary Rivard                     | Birthdate: 10/24/1925<br>Soc. Security: 064-20-9120 | Next Recall: None Scheduled<br>Next Appt: None   |
| <b>Provider Information</b>                |   |  |
| Name: Central New England Endodontics      | License #: 15652                                    | Tax ID: 042621389  |
| Signature: _____                           |   |  |

| Date                | Code   | Provider | Tth | Surf/Rt | Billed   | Paid     | Adjust. | Balance | Service                      | Procedure Bal. | Pt. Bal. | Ins. Bal. |
|---------------------|--------|----------|-----|---------|----------|----------|---------|---------|------------------------------|----------------|----------|-----------|
| 01/08/2003          | 000140 | 22       | 10  |         | \$110.00 | \$103.50 | \$0.00  | \$6.50  | LIMITED ORAL EXAM            |                | \$0.00   | \$0.00    |
| 01/08/2003          | 000220 | 22       | 10  |         | \$20.00  | \$13.50  | \$0.00  | \$13.00 | PERIAPICAL XRAY              |                | \$0.00   | \$0.00    |
| 01/08/2003          | 010010 | 22       |     |         | \$0.00   | \$0.00   | \$0.00  | \$13.00 | PT PD IN FULL - NO INSURANCE |                | \$0.00   | \$0.00    |
| 01/08/2003          | 900001 | 22       |     |         | \$0.00   | \$0.00   | \$6.50  | \$6.50  | Cash Courtesy                |                |          |           |
| 01/08/2003          | 900045 | 22       |     |         | \$0.00   | \$0.00   | \$6.50  | \$0.00  | 5% Senior Citizen Discount   |                |          |           |
| <b>Totals--&gt;</b> |        |          |     |         | \$130.00 | \$117.00 | \$13.00 | \$0.00  |                              |                | \$0.00   | \$0.00    |

## TREATMENT PLAN

Wed., Jan. 08, 2003 at 11:27 am

Page 1 of 2

Report Parameters:

Report: TREATMENT PLAN

|                              |                        |
|------------------------------|------------------------|
| Providers (All)              | Locations (All)        |
| Include Markers (None)       | Exclude Markers (None) |
| Patient Types (All)          |                        |
| Other Included options: None |                        |

## Mary Rivard

|  |   |  |
|--|---|--|
| 166 Chapman Place<br>Leominster, MA 01453- | <b>Patient Information</b>                          | Account Balance: \$0.00  |
|  | Home: (978) 466-6991<br>Business: (978) -           | Patient: \$0.00<br>Insurance: \$0.00 <span style="margin-left: 20px;">Estimated Balance</span> |
| Guarantor: Mary Rivard                     | Birthdate: 10/24/1925<br>Soc. Security: 064-20-9120 | Next Recall: None Scheduled<br>Next Appt: None   |
|  | <b>Provider Information</b>                         |  |
| Name: Central New England Endodontics      | License #: 15652                                    | Tax ID: 042621389  |
| Signature: _____                           |   |  |

## Status

| Notes   | Code  | Description         | Tth | Surface | Provider | Charge<br>Adjustment | Patient / Entered /<br>Ins. Est. Planned Est. Returned |
|---------|-------|---------------------|-----|---------|----------|----------------------|--|
|         |       | (Unscheduled)       |     |         |          |                      |  |
| Planned | 00140 | LIMITED ORAL EXAM   | 10  |         | 22       | \$110.00<br>\$0.00   | \$110.00 01/08/2003<br>\$0.00 01/08/2003               |
| Planned | 00220 | PERIAPICAL XRAY     | 10  |         | 22       | \$20.00<br>\$0.00    | \$20.00 01/08/2003<br>\$0.00 01/08/2003                |
| Planned | 03310 | ROOT CANAL-ANTERIOR | 10  |         | 22       | \$800.00<br>\$0.00   | \$800.00 01/08/2003<br>\$0.00 01/08/2003               |
| Planned | 00115 | START OF C&S        | 10  |         | 22       | \$0.00<br>\$0.00     | \$0.00 01/08/2003<br>\$0.00 01/08/2003                 |
| Planned | 00119 | FILLED CANALS       | 10  |         | 22       | \$0.00<br>\$0.00     | \$0.00 01/08/2003<br>\$0.00 01/08/2003                 |
| Planned | 02954 | *POST BUILDUP       | 10  |         | 22       | \$325.00<br>\$0.00   | \$325.00 01/08/2003<br>\$0.00 01/08/2003               |
| Planned | 03320 | ROOT CANAL-BICUSPID | 12  |         | 22       | \$900.00<br>\$0.00   | \$900.00 01/08/2003<br>\$0.00 01/08/2003               |
| Planned | 00115 | START OF C&S        | 12  |         | 22       | \$0.00<br>\$0.00     | \$0.00 01/08/2003<br>\$0.00 01/08/2003                 |
| Planned | 00119 | FILLED CANALS       | 12  |         | 22       | \$0.00<br>\$0.00     | \$0.00 01/08/2003<br>\$0.00 01/08/2003                 |

Wed., Jan. 08, 2003 at 11:27 am

Page 2 of 2

Report Parameters:

## Report: TREATMENT PLAN

Providers (All)  
 Include Markers (None)  
 Patient Types (All)

Locations (All)  
 Exclude Markers (None)

Other included options: None

## Status

| Notes   | Code  | Description   | Tth | Surface | Provider | Charge<br>Adjustment | Patient / Entered /<br>Ins. Est. Planned Est. Returned |
|---------|-------|---------------|-----|---------|----------|----------------------|--|
|         |       | (Unscheduled) |     |         |          |                      |  |
| Planned | 02954 | *POST BUILDUP | 12  |         | 22       | \$325.00<br>\$0.00   | \$325.00 01/08/2003<br>\$0.00 01/08/2003               |

\$2 480.00

\$0.00

\$2 480.00

Notes

Notes

I've been informed of my recommended treatment and IN THE EVENT THAT I PROCEED, I understand that while endodontics produce high success, biological procedure's can't be guaranteed. Also infrequent risks include sensation change, numbness, broken instruments, blocked canals, root perforations, restoration damage, infection, swelling, pain, bleeding and sinus involvement. Occasionally tooth loss may occur. I understand I am responsible for all fees and I must return to my dentist for permanent restorations.

Mary K. Reward  
 Signature of Patient or Guardian

Date

[Signature]  
 Authorized Signature for Practice

Date

01/08/03

CERTIFICATION UNDER MGL 23

RE: Name of Patient: Mary Rivard

THE ATTACHED DOCUMENTS ARE COPIES OF EXAMINATION,  
TREATMENT AND/OR BILLING RECORDS, THE CONTENTS OF  
WHICH ARE TRUE AND ACCURATE AS CERTIFIED, SUBSCRIBED  
AND SWORN UNDER THE PENALTIES OF PERJURY BY

Patricia T. Byrnes 4/15/03  
Signature Date

Patricia T. Byrnes  
Print Name

Dr. Edward Karmens  
Name of Provider/Facility

## PROGRESS NOTES

| LAST NAME | FIRST NAME  | ATTENDING PHYSICIAN |
|-----------|---|---------------------|
| Rivacool  | Mary  | MH                  |
| DATE      | CRFU. B/P 130/50 P 6.5 R 2.0 #139                         | 73                  |
| 10/17/02  | (L) eye + side face smaller                               | SP02                |
|           | (L) upper teeth (R) side mouth                            | 99%                 |
|           | (L) arm + leg + mouth                                     |                     |
|           | (L) ankle stitches  | CV                  |
|           | S- fall on road for (L) mouth, face - EA →<br>med ENT flr |                     |
|           | D- facial contusion & laceration                          |                     |
|           | A- as above   |                     |
|           | I- Dr. Kim (tag)  |                     |

CERTIFICATION UNDER MGL 23

RE: Name of Patient: MARY RIVARD

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[Signature] M.D.  
Signature Date

Lloyd Alderson  
Print Name

Lloyd Alderson, M.D. D.S.C.  
Name of Provider/Facility

**Note: All records/bills from physician office must be signed by physician.**



*Lloyd Alderson, MD, D.SC*

*Neurology  
Neuro-Oncology*

**MARY RIVARD**

**JUNE 19, 2003**

**DOB: 10/24/25**

The patient is a 77 year old, right-handed woman with a history of a fall and a left maxillary sinus fracture. She comes in today for evaluation. Dr. Haberman referred her to me. The patient had a fall while entering the Home Depot Store on 10/14/02. She tripped on a piece of cement on the floor. She hit the floor with the left side of her face and suffered a left maxillary sinus fracture. After the trauma, the left side of her upper lip and her cheek was numb. Dr. Kim has seen the patient in the past, which noted the fracture, but did not feel the surgical intervention was indicated. Initially she was told that the nerve would heal in 6 to 8 weeks, things have improved somewhat, but not markedly. She remains numb in the cheek and in the upper teeth on the left side. She describes the feeling like it was novocaine. It feels swollen, but it isn't.

**PAST MEDICAL HISTORY:** The patient is status post-cardiac catheterization times 2 and angioplasty times 1. She has some arthritis in her left hip.

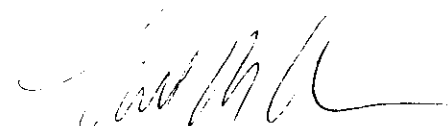
**SOCIAL HISTORY:** She is a retired office worker. She does not smoke.

**EXAMINATION:** She is alert and coherent. There is no evidence of aphasia. Her visual fields are full. Her extraocular movements are intact. Her face is symmetric. There is loss of sensation to pin in a V2 distribution on the left side. Hearing is intact bilaterally. Soft palate elevates symmetrically and tongue is midline. She has good strength in all 4 extremities with no pronator drift. Rapid movements are intact bilaterally. She has a normal sensory exam with no evidence of extinction or astereognosis. She has a normal gait including heel and toe walking.

**ASSESSMENT:** The patient now, 8 months status post to trauma to the left maxillary sinus. The patient came in with films. I see soft tissue density in the area of the sinus, but I cannot clearly identify a fracture. Her exam is very consistent with loss of function of the second division of the V cranial nerve. I explained to her that if the nerve ends are not close to each other at the site of the break, that it may require 6 to 12 months before the nerve can reintegrate her face. I will ask her to follow up with me in the fall. I asked her whether or not she has significant pain. She does not seem to have pain and we raised the question of starting her on some Neurontin. The patient would rather not start on any of the medications right now. It is not painful enough for her to consider taking a medicine on a regular basis. I told her that if the pain does develop with time, we might want to start her on the Neurontin. She will get back to me if that is the issue.

MARY RIVARD  
PAGE 2

JUNE 19, 2003

A handwritten signature in dark ink, appearing to read 'Lloyd Alderson', is written over a horizontal line.

---

Lloyd Alderson, M.D.

LA: djm

Referring Physician: Mark Haberman, M.D., 50 Memorial Drive, Leominster, MA  
01453

Lloyd Alderson, MD, D.SC

Neurology • Neuro-Oncology

MARY RIVARD  
DOB: 10/24/25

OCTOBER 15, 2003

Mary Rivard is here for a follow up visit. She is a 77 year old, right-handed woman who I first saw in June of 2003 for evaluation of numbness in her left cheek. The patient suffered a maxillary bone fracture when she fell on 10/14/02. The CT of the head showed a maxillary bone fracture and a maxillary sinus fracture. The patient was initially told that the numbness in her left cheek might improve in 6 to 8 months; it did not. She was referred to me.

Her examination in June 2003 showed a loss of sensation in a distribution consistent with the second division of the V cranial nerve on the left side. The other cranial nerves are all intact.

The patient comes in today for follow up. The numbness in her face has not improved. She continues to have a cold feeling and a loss of sensation in the face. It remains limited to just the cheek below the eye and above the mouth on the left side. The patient denies any hearing loss. She denies any change in her vision. However, recently she has noted a new symptom. She has pain and numbness that goes down into her right arm. It occurs when she is sleeping at night. It sometimes occurs while she is driving or holding a newspaper. The discomfort goes into the fingers. Sometimes it improves with just shaking the arm. The patient was referred to a chiropractor. She has had some treatments with him, but has not had any improvement. The patient denies any bowel or bladder involvement. She denies any problems walking. She has some occasional numbness in the left arm.

**EXAMINATION:** Her exam today reveals the same loss of sensation in the maxillary division of the V cranial nerve on the left as seen before. Her sensory exam at this moment is intact in the right upper extremity. Her reflexes are 2+ at the biceps and 1+ at the triceps. She has 2+ reflexes in the knees. Her toes are down going. Sensation in the feet is intact. Sensation in the arms is intact to light touch, joint position sense and pin.

**ASSESSMENT:** I explained to the patient that the numbness in the face might never improve. It is likely there was a transection of the nerve and without a neurosurgical procedure it may not improve. Even if the break in the nerve could be identified and realigned it may not increase the sensation in the face. Regarding her arm, however, I think we do need to look into the possibility that this could represent a disc herniation or at least compression of the nerve root. The distribution of her problems would argue that

MARY RIVARD  
PAGE 2

OCTOBER 15, 2003

it might be a C7 nerve root consistent with a compression of the nerve at the C6/C7 disc.  
I will ask her to undergo an MRI of the cervical spine and follow up with me after that.

A handwritten signature in black ink, appearing to read 'Lloyd Alderson', is written over a horizontal line.

Lloyd Alderson, M.D.

LA: djm

Referring Physician: Mark Haberman, M.D.

Lloyd Alderson, MD, D.Sc

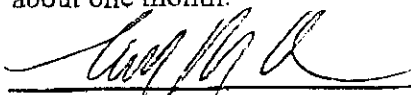
Neurology • Neuro-Oncology

**MARY RIVARD**  
**DOB: 10/24/25****FEBRUARY 4, 2004**

Mary Rivard is here for a follow up visit. She is a 78-year-old woman who fractured bones in her face in October of 2002. The patient fell in a store in Fitchburg. Since then she has had numbness in the left face. She has, more recently, has had some numbness and tingling in the right arm. I saw her first in June of 2003 and again in October of 2003. In October, we obtained an MRI of her cervical spine because of the arm symptoms. That scan noted evidence of degenerative disc disease at C5/6 and C6/7. At C6/7 there was evidence of a postural bony ridge associated disc resulting in minimal effacement of the anterior subarachnoid space. This resulted in minimal compromise of the neural foramina. The spinal cord canal was not compromised. The patient continues to have some right arm symptoms. She describes some pain and tingling involves the middle fingers of the right hand and radiates up the arm. It occurs particularly when she is lying in bed at night, driving or holding something. She feels that it has worsened recently.

**EXAMINATION:** There is loss of sensation in a V2 distribution on the left. The patient has good strength and sensation in the upper extremities bilaterally. Her reflexes are 2+ in the biceps, but absent in the triceps bilaterally. She has good strength in her legs and normal sensation.

**ASSESSMENT:** The patient continues to have discomfort both in the face and the arm. I will start her on some Neurontin at 300 mg bid to see if that helps. I will have the MRI of the cervical spine repeated, as her symptoms seem to have worsened. There was an abnormality there and it is possible that it has progressed. It did not seem significant on the initial scan, but again it may have changed. I will have her follow up with me in about one month.



Lloyd Alderson, M.D., D.Sc.

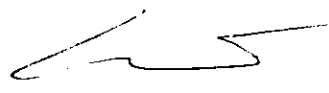
LMA: djm

Referring Physician: Mark Haberman, M.D.

CERTIFICATION UNDER MGL 23

RE Name of Patient: MARY K RIVARD

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 4/24/03  
Signature Date

CHEONG H. Kim, MD  
Print Name

CHEONG H. Kim, MD  
Name of Provider/Facility

Leominster Hospital Medical Bldg. • Suite 212 • 50 Memorial Dr. • Leominster, MA 01453-2289 • (978) 537-8377 • Fax (978) 534-2334

CONSULTATION REPORT

PATIENT: Mary Rivard  
DATE: October 17, 2002  
REQUESTING PHYSICIAN: Mark Haberman, MD  
CHIEF COMPLAINT: Fx maxillary sinus.

PRESENT ILLNESS: Dr. Haberman called me this morning to ask me to see this patient with fx of maxillary sinus wall. A very young-looking 77 year old lady was evaluated in my office and hx obtained by pt as well as Dr. Haberman over the telephone and also ER record of 10/14/02 in detail. She fell after tripping over a bag of cement at Home Depot 3 days ago, 10/14/02. Then she was brought to the ER that afternoon when x-ray was taken to find a fracture. She told me that she had bleeding from the nose intermittently whenever she blew her nose for about 2 days. As of today there is no more bleeding. She told me that her vision is okay and no nasal obstruction, difficulty chewing or difficulty breathing. Denied headache or dizziness.

SYSTEMIC REVIEW: Heart disease.  
PAST HISTORY: Appendectomy, T&A, partial hysterectomy.  
FAMILY HISTORY: Negative.  
SOCIAL HISTORY: Does not smoke or drink alcohol.  
MED: Heart medications, of which the names she does not remember. Vitamin.  
ALLERGY: None.

PHYSICAL EXAM:

Face and Skin: Swelling and ecchymosis of the infraorbital area with some tenderness. However, palpation of the infraorbital rim was intact with no deformity. Left face is numb. She also informed that left upper teeth area also numb. No visible laceration of the skin. Other than slight swelling of the face left side, no other abnormalities.  
Ear: Ear canals and tympanic membranes bilateral normal. No infection fluid or perforation.  
Nose: No bleeding. No polyps or tumor. Good airway.  
Oral Cavity: Some ecchymosis of the buccal membrane left side which I think is due to the fx of lateral wall of the maxillary sinus. No hematoma or infection. The rest of oral cavity was negative.  
Throat: Negative. Tonsillectomy scar.  
Neck: Negative.

IMPRESSION:

1. Fx maxillary sinus left side, probably lateral and anterior wall.
2. Numbness of left face and upper teeth most likely due to contusion rather than severence of the infraorbital nerve left side.
3. Air fluid level on x-ray film of 10/14/02 is blood from this fracture.

RECOMMENDATION:

1. I reviewed the facial bone x-ray film of 10/14/02 along with radiologist's report and ER record of 10/14/02.
2. I told her that her fx will heal on its own without surgical intervention.
3. There is some blood in the left maxillary sinus cavity at this time, and this also will clear on its own, even though it might take some time.
4. I also told her that numbness will go away but will take some time, perhaps many weeks or months.
5. Letter to Dr. Haberman.

Sincerely yours,

  
Cheong H. Kim, MD, FACS

CERTIFICATION UNDER MGL 23

RE Name of Patient: Mary Rivard

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Glenn H. Cullen 07/21/03  
Signature Date

Glenn H. Cullen 07/21/03  
Print Name

C.N.E.E.  
Name of Provider/Facility

**CENTRAL NEW ENGLAND ENDODONTICS  
100 WHALON STREET  
FITCHBURG, MA 01420**



**Welcome to Our Office!**

In order to serve you promptly we will need the following information.  
Please print legibly. All information will be strictly confidential.

Date: 1/8/03Central New England  
endodontics**PATIENT INFORMATION:**Please circle: Ms. Mr. (Mrs) Dr. Other \_\_\_\_\_

Rivard MARY K  
LAST NAME FIRST NAME MI NAME PREFERENCE

Street Address: 166 Chapman Place City: Leominster State: MA Zip: 01453

P.O. Box: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Number: 978-466-6991 Work Number: \_\_\_\_\_ Email Address: \_\_\_\_\_Social Security Number: 064-20-9120 Date of Birth: 10/24/25 Sex: ☐ M ☒ F Spouse's Name: Robert

Your Employer: \_\_\_\_\_ Employer's Address: \_\_\_\_\_

Whom may we thank for referring you? Dr. Lanza General Dentist: \_\_\_\_\_**MEDICAL HISTORY:** Please check any of the following which may apply to you now or in the past:

|  |   |   |                                    |
|--|---|---|------------------------------------|
| <input type="checkbox"/> Heart Attack          | <input checked="" type="checkbox"/> Heart Disease | <input type="checkbox"/> Hepatitis A, B or C            | <input type="checkbox"/> Asthma    |
| <input type="checkbox"/> Rheumatic Fever       | <input type="checkbox"/> Stroke                   | <input type="checkbox"/> Low Blood Pressure             | <input type="checkbox"/> Sinusitis |
| <input type="checkbox"/> Mitral Valve Prolapse | <input type="checkbox"/> Cardiac Pacemaker        | <input type="checkbox"/> Epilepsy/Convulsions           | <input type="checkbox"/> Cancer    |
| <input type="checkbox"/> AIDS or HIV Positive  | <input type="checkbox"/> Heart Murmur             | <input checked="" type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Diabetes  |
| <input type="checkbox"/> Clotting Disorders    | <input type="checkbox"/> Joint Replacement        | <input type="checkbox"/> Kidney Disease                 | <input type="checkbox"/> Fainting  |
| <input type="checkbox"/> Liver Disease         | <input type="checkbox"/> Respiratory Problems     | <input type="checkbox"/> Thyroid Problems               | <input type="checkbox"/> Emphysema |
| <input type="checkbox"/> Tuberculosis          | <input type="checkbox"/> Arthritis                | <input type="checkbox"/> Allergies                      | <input type="checkbox"/> Other     |

Any other diseases or problems? Facial & Dental Problems

Do you need to be premedicated for dental visits? \_\_\_\_\_

Have you ever had a reaction to any of the following?

☐ Local Anesthetic ☐ Other Antibiotic ☐ Barbituates ☐ Aspirin ☐ Latex Rubber  
☐ Penicillin ☐ Sulfa Drugs ☐ Sedatives ☐ Any Metals ☐ Other Adhesive Tape

What medications are you currently taking (including aspirin). Metoprolol, Evista, Isosorbide, Hydrocortisone, Lescol, NorvascWomen: Are you pregnant? ☐ Yes ☒ No ☐ Possibly; If yes, what month? \_\_\_\_\_Do you take birth control pills? ☐ Yes ☒ No

**THE PURPOSE** of endodontic treatment or root canal treatment is to save a tooth rather than remove it. Although treatment has a high degree of success, it can not be guaranteed. Occasionally, a tooth which has had a root canal treatment may require retreatment, surgery or even extraction.

Treatment is usually a non-surgical procedure, but in some cases, a surgical approach is necessary. Before any treatment is begun the reason(s) will be fully explained, including alternative modes of therapy. Occasionally, premedication may be indicated. This will be discussed in advance.

**PLEASE NOTE:** Our fee will not include a crown on the tooth. You must return to your general dentist to have that treatment completed.**PLEASE:** How are you feeling today:☒ Confident☐ Happy☒ Curious☐ Frightened☒ Anxious☐ Pained☐ Other

Please continue to the reverse side and complete.

NAME: Mary Rivard DENTIST: Lanza TOOTH: \_\_\_\_\_

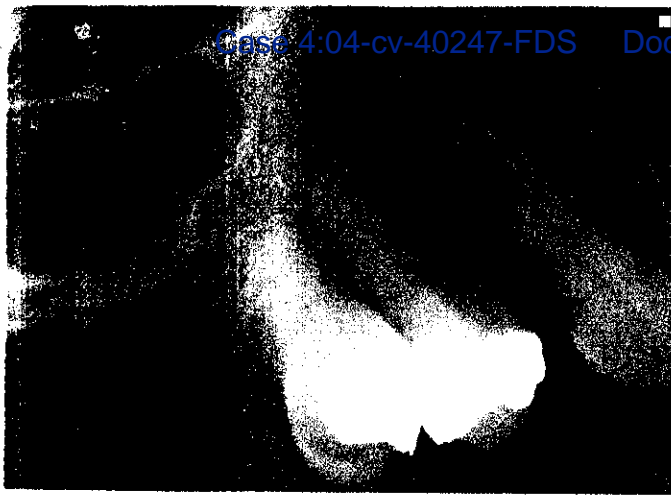
| CHIEF COMPLAINT       | CLINICAL SIGNS    | RADIOGRAPHIC         | DIAGNOSIS          | Med. Alert |
|-----------------------|-------------------|----------------------|--------------------|------------|
| None/Abscess          | Cellulitis        | Broken Inst.         | Rev. Pulpitis      | NO         |
| Discoloration         | Crown/Bridge/P.J. | Furcation            | Irrev. Pulpitis    |            |
| Draining Gum/Swelling | Crown Fract.      | Normal/Wide P.D.M.   | Carious Exp.       |            |
| Earache               | Discoloration     | Open Apex            | Necrotic Pulp      |            |
| Pain, Biting          | Fistula/Swelling  | P.A. Radiolucency    | Periapical Abscess | L.A.       |
| Prev. R.C.T./Surg.    | Mobility          | Perio                | Cracked T. Synd.   |            |
| Recent Restoration    | Palpation         | Prev. R.C.T./Post/Ag | Perio/Endo         |            |
| Referred Pain         | Percussion        | Prev. Surg. Retro.   | Traumatic Fx.      |            |
| Thermal Pain          | Perio Problem     | Pulp. Calc./Stones   | Avulsed            | Clamp      |
| Thermal Relief        | Pulp Exposure     | Root Ex.             | Int. Resorp.       |            |
| Toothache at Night    | Temp/Open         | Resorption           | Ext. Resorp.       |            |
| Throb/Dull/Steady/Int | Elec.             | Tortuous Canals      | Elective           | B.U. ✓     |
| Trauma/Fract.         | Hot Cold          |                      | Pre exist Perf.    |            |
|                       |                   |                      | Open Apex          |            |
|                       |                   |                      |                    | Post Sp.   |

[illegible]

| DR. | MO. | DAY | YR. | CHARGE   |
|-----|-----|-----|-----|--|
| M2  | 1   | 8   | 03  | <p>Consult, X-Ray taken AL Quad<br/>pt fell and had trauma to AL quad.<br/>#10 is discolored. She went to<br/>DR Lanza who referred her here<br/>for Consult of #10-13. Pt states<br/>She has sensation up into her<br/>sinuses.<br/>pulp test: 9(80), 10(80), 11(27), 12(33), 13(32)<br/>Ice test: 13-no response, 12-no response, 11-no response<br/>#10 - no response</p> <p>- possible crack in #10 and #12.<br/>there is bone loss around these teeth.<br/>Act needed on #10 &amp; 12 and the eval<br/>#11 &amp; 13 at that time.</p> <p>04/18/03 Anna from Lincoln law office called - re:<br/>true copy for patient, regarding trauma on<br/>patient. <u>File</u></p> |

| U  | DR. | PROCEDURE         | DATE | U | DR. | PROCEDURE | DATE |
|----|-----|-------------------|------|---|-----|-----------|------|
| MZ |     | ACT a Bu # 10912  |      |   |     |           |      |
|    |     | Re-eval # 11 a 13 |      |   |     |           |      |
|    |     |                   |      |   |     |           |      |

T.P.



## PATIENT INFORMATION:

Last Name: RIVARD

First Name: MARY

ID Number: 064209120

Exam Date: 01/08/2003

Image taken on: 01/08/2003

Central New England Endodontics

ITCHBURG PRACTICE

80 Whalon Street

itchburg, Massachusetts 01420

Phone: 978.345.7555

Fax: 978.348.2612

CERTIFICATION UNDER MGL 23

RE: Name of Patient: MARY RIVARD

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Dr. Joseph P. Lanza 4/11-03  
Signature Date

Joseph P. LANZA  
Print Name

LANZA Dental  
Name of Provider/Facility

| NAME        | DATE | TOOTH | TREATMENT RENDERED  | CHARGE          | PAID | DATE | TOOTH | TREATMENT RENDERED | CHARGE | DATE OF BIRTH | HAIR |
|-------------|------|-------|---|-----------------|------|------|-------|--------------------|--------|---------------|------|
| many Muraet |      |       |   |                 |      |      |       |                    |        | 466-6991      |      |
| Oct 30/02   |      |       | Internal trauma   | 11/14 long dent |      |      |       |                    |        |               |      |
|             |      |       | on left orbital area patient showed me photo of trauma - max left teeth had no feeling  |                 |      |      |       |                    |        |               |      |
|             |      |       | mand left area was the same and since max better - its fine said she has 2 fractured areas on his x rays I she still had pain in orbital area and going up to temple on left side I the case chew but has no feeling on max left side |                 |      |      |       |                    |        |               |      |
|             |      |       | from trauma jaw between the max   |                 |      |      |       |                    |        |               |      |
|             |      |       | panorex x ray -   |                 |      |      |       |                    |        |               |      |
|             |      |       | 4 x rays of 13-11-10-9 done   |                 |      |      |       |                    |        |               |      |
|             |      |       | labeled Catap leaving max back and pain max left side   |                 |      |      |       |                    |        |               |      |
|             |      |       | #10 turning color - max   |                 |      |      |       |                    |        |               |      |
|             |      |       | low dose when she more let go worse - some feeling coming back into teeth but still not good - max  |                 |      |      |       |                    |        |               |      |
|             |      |       | max endodontic treatment on teeth # 9-10-11+12  |                 |      |      |       |                    |        |               |      |
|             |      |       | and four crowns   |                 |      |      |       |                    |        |               |      |



**UMassMemorial**  
HealthAlliance

HealthAlliance Hospital

Leominster Campus  
60 Hospital Road  
Leominster, MA 01453  
Tel: 978-466-2000

## AFFIDAVIT

"Subscribed and sworn to this 31<sup>st</sup> day March A.D. 2003 under pains and penalties of perjury",

1. I am a duly authorized Custodian of the Records for UMassMemorial~HealthAlliance
2. "These records are kept pursuant to M.G.L.C. 233 s 79G@. I have the authority to certify that the records you requested are attached regarding;

Mary Bivard  
(Patient's Name)

7  
(# of pages enclosed)

3. That the records referred to were prepared by persons having actual knowledge of the entries contained therein, immediately or soon after the happening of the events or incidents which they purport to depict, and were kept in the regular course and scope of my employer's business.

Deborah L. Borkowski (for)

Deborah L. Borkowski, MS, RHA/Designee  
Director, Health Information Services

3-31-03

Date



UMassMemorial

HealthAlliance

## REGISTRATION FORM

|   |  |  |  |
|---|--|--|--|
| <b>Patient:</b><br>Name: RIVARD, MARY K<br>Address: 166 CHAPMAN PLACE<br>LEOMINSTER MA 01453<br>DOB: 10/24/1925 Age: 76Y<br>Birth Place: NY<br>(978) 4666991<br>Former Name: DAY, MARY K<br>Religion: ROMAN CATHOLIC<br>Church: ST CECILIA<br>Guarantor:<br>Relation:<br>Name: HOME DEPOT<br>(978) 8400800<br>Phone: 139 COMMERCIAL RD<br>Address: LEOMINSTER MA 01453<br>Employer:<br>Phone: ()<br>Relative:<br>Relation: HUSBAND<br>Name: RIVARD, ROBERT<br>Home #: (978) 4666991<br>Add.: 166 CHAPMAN PLACE<br>LEOMINSTER MA 01453 |  | <b>Registration:</b><br>Date/Time: 10/14/2002 15:44<br>Station: E Service: LER Priority: R<br>Type: WALK IN /SELF REFERRAL<br>Source: WA By: SG2<br>Arrival Mode: WA<br>Last Admission: 09/16/2002 Last ER:<br>Last Outpatient: Last Discharge:<br>Physician:<br>E.D. JOE, MARY LYNN<br>#: 018374<br>E.D. WILLIS, PAUL<br>#: 086892<br>Primary Care: HABERMAN, MARK L.<br>#: 015479<br>Advance Directive: NO Info Given: YES<br>Agent: FG 9/02<br>Comments:<br>Accident/Onset Ind.: ABRAS ON LT SIDE FAC<br>Chief Complaint:<br>Onset Date/Time: 10/14/2002 15:00<br>Accident Date/Time:<br>Expected Arrival Date: |  |
| <b>Insurance (Name, Policy, Group)</b><br>1. PERSONAL-NO INS<br>00<br>Add. NONE<br>2. MEDICARE O/P<br>064209120A<br>Add. P O BOX 9083<br>BRAINTREE, MA 02184<br>3. BANKERS LIFE<br>900191878<br>Add. 4444 LAWRENCE AVENUE<br>CHICAGO, IL 60630  |  | Discharge Date: Discharged to: Expired: <input type="checkbox"/> < 48 hrs. <input type="checkbox"/> > 48 hrs. Autopsy (Y/N) <input type="checkbox"/><br>Date Coded: 10-23 Abstract <input type="checkbox"/> Complete <input type="checkbox"/> Consults: Consultant:  |  |

## PHYSICIAN ORDERS

- |  |  |   |   |  |
|--|--|---|---|--|
| <input type="checkbox"/> CBC             | <input type="checkbox"/> Clot & Hold     | <input type="checkbox"/> UCG              | <input type="checkbox"/> CXR            | <input type="checkbox"/> EKG                     |
| <input type="checkbox"/> Chem 7          | <input type="checkbox"/> Type & Rh       | <input type="checkbox"/> UTox             | <input type="checkbox"/> Port. CXR      | <input type="checkbox"/> IV                      |
| <input type="checkbox"/> Cardiac Enzymes | <input type="checkbox"/> Blood Culture x | <input type="checkbox"/> Serum Tox        | <input type="checkbox"/> Port C-Spine   | <input type="checkbox"/> O2                      |
| <input type="checkbox"/> PT              | <input type="checkbox"/> Culture:        | <input type="checkbox"/> HCG Qualitative  | <input type="checkbox"/> C-Spine        | <input type="checkbox"/> Telemetry               |
| <input type="checkbox"/> PTT             | <input type="checkbox"/> Urine Dip       | <input type="checkbox"/> HCG Quantitative | <input type="checkbox"/> KUB            | <input type="checkbox"/> O2 Sat.                 |
| <input type="checkbox"/> LFT's           | <input type="checkbox"/> U/A             | <input type="checkbox"/> ABG              | <input type="checkbox"/> Upright ABD    | <input checked="" type="checkbox"/> Td 0.5 cc IM |
| <input type="checkbox"/> Amylase         | <input type="checkbox"/> Urine Culture   | <input type="checkbox"/> Q Strep          | <input type="checkbox"/> Extrem. X-ray: | <input type="checkbox"/> Respir. Teaching        |
| <input type="checkbox"/> G/C             | <input type="checkbox"/> ETOH            | <input type="checkbox"/> CT Scan:         |   | <input type="checkbox"/> Med. Record             |
| <input type="checkbox"/> Chlamydia       |  |   |   |  |

Time

1200 x-ray  
 Facial & TMS views - Leominster

## DISCHARGE INSTRUCTIONS

Please keep bacitracin on wounds until healed. Call if any vision loss, headache, flashing lights or concerns. See ENT - Dr. Ervin over. Call for return as needed.

DX CODE

TIME OUT

HANDOUT GIVEN ☒ YES ☐ NO

CONDITION ON DISCHARGE

PHYSICIAN'S SIGNATURE

I HAVE RECEIVED WRITTEN AND/OR ORAL INSTRUCTIONS AND FULLY UNDERSTAND THEM. SIGNATURE (PATIENT OR RESPONSIBLE PARTY)

EDICAR RECORD NO

NAME RIVARD, MARY

WILLIS, PAUL

REGISTRATION DATE/TIME 10/14/2002 15:44

**PARTIAL PRESENT & AGING SENT TO PARENTS**

1. The first of these is the fact that the majority of the population of the United States is now of European descent. This is a result of the fact that the United States was founded by people of European descent, and the vast majority of the population of the United States today is of European descent. This is a result of the fact that the United States was founded by people of European descent, and the vast majority of the population of the United States today is of European descent.

1. *Wiederholungsgehalt* (repetition rate) – repeated the benefit of an activity over and over again. For example, if you have a 100% benefit from a 100% effort, then the repetition rate is 100%. If you have a 50% benefit from a 100% effort, then the repetition rate is 50%. If you have a 25% benefit from a 100% effort, then the repetition rate is 25%. If you have a 10% benefit from a 100% effort, then the repetition rate is 10%. If you have a 5% benefit from a 100% effort, then the repetition rate is 5%. If you have a 2.5% benefit from a 100% effort, then the repetition rate is 2.5%. If you have a 1.25% benefit from a 100% effort, then the repetition rate is 1.25%. If you have a 0.625% benefit from a 100% effort, then the repetition rate is 0.625%. If you have a 0.3125% benefit from a 100% effort, then the repetition rate is 0.3125%. If you have a 0.15625% benefit from a 100% effort, then the repetition rate is 0.15625%. If you have a 0.078125% benefit from a 100% effort, then the repetition rate is 0.078125%. If you have a 0.0390625% benefit from a 100% effort, then the repetition rate is 0.0390625%. If you have a 0.01953125% benefit from a 100% effort, then the repetition rate is 0.01953125%. If you have a 0.009765625% benefit from a 100% effort, then the repetition rate is 0.009765625%. If you have a 0.0048828125% benefit from a 100% effort, then the repetition rate is 0.0048828125%. If you have a 0.00244140625% benefit from a 100% effort, then the repetition rate is 0.00244140625%. If you have a 0.001220703125% benefit from a 100% effort, then the repetition rate is 0.001220703125%. If you have a 0.0006103515625% benefit from a 100% effort, then the repetition rate is 0.0006103515625%. If you have a 0.00030517578125% benefit from a 100% effort, then the repetition rate is 0.00030517578125%. If you have a 0.000152587890625% benefit from a 100% effort, then the repetition rate is 0.000152587890625%. If you have a 0.0000762939453125% benefit from a 100% effort, then the repetition rate is 0.0000762939453125%. If you have a 0.00003814697265625% benefit from a 100% effort, then the repetition rate is 0.00003814697265625%. If you have a 0.000019073486328125% benefit from a 100% effort, then the repetition rate is 0.000019073486328125%. If you have a 0.0000095367431640625% benefit from a 100% effort, then the repetition rate is 0.0000095367431640625%. If you have a 0.00000476837158203125% benefit from a 100% effort, then the repetition rate is 0.00000476837158203125%. If you have a 0.000002384185791015625% benefit from a 100% effort, then the repetition rate is 0.000002384185791015625%. If you have a 0.0000011920928955078125% benefit from a 100% effort, then the repetition rate is 0.0000011920928955078125%. If you have a 0.00000059604644775390625% benefit from a 100% effort, then the repetition rate is 0.00000059604644775390625%. If you have a 0.000000298023223876953125% benefit from a 100% effort, then the repetition rate is 0.000000298023223876953125%. If you have a 0.0000001490116119384765625% benefit from a 100% effort, then the repetition rate is 0.0000001490116119384765625%. If you have a 0.00000007450580596923828125% benefit from a 100% effort, then the repetition rate is 0.00000007450580596923828125%. If you have a 0.000000037252902984619140625% benefit from a 100% effort, then the repetition rate is 0.000000037252902984619140625%. If you have a 0.0000000186264514923095703125% benefit from a 100% effort, then the repetition rate is 0.0000000186264514923095703125%. If you have a 0.00000000931322574615478515625% benefit from a 100% effort, then the repetition rate is 0.00000000931322574615478515625%. If you have a 0.000000004656612873077392578125% benefit from a 100% effort, then the repetition rate is 0.000000004656612873077392578125%. If you have a 0.0000000023283064365386962890625% benefit from a 100% effort, then the repetition rate is 0.0000000023283064365386962890625%. If you have a 0.00000000116415321826934814453125% benefit from a 100% effort, then the repetition rate is 0.00000000116415321826934814453125%. If you have a 0.000000000582076609134674072265625% benefit from a 100% effort, then the repetition rate is 0.000000000582076609134674072265625%. If you have a 0.0000000002910383045673370361328125% benefit from a 100% effort, then the repetition rate is 0.0000000002910383045673370361328125%. If you have a 0.00000000014551915228366851806640625% benefit from a 100% effort, then the repetition rate is 0.00000000014551915228366851806640625%. If you have a 0.000000000072759576141834259033203125% benefit from a 100% effort, then the repetition rate is 0.000000000072759576141834259033203125%. If you have a 0.0000000000363797880709171295166015625% benefit from a 100% effort, then the repetition rate is 0.0000000000363797880709171295166015625%. If you have a 0.00000000001818989403545856475830078125% benefit from a 100% effort, then the repetition rate is 0.00000000001818989403545856475830078125%. If you have a 0.000000000009094947017729282379150390625% benefit from a 100% effort, then the repetition rate is 0.000000000009094947017729282379150390625%. If you have a 0.0000000000045474735088646411895751953125% benefit from a 100% effort, then the repetition rate is 0.0000000000045474735088646411895751953125%. If you have a 0.00000000000227373675443232059478759765625% benefit from a 100% effort, then the repetition rate is 0.00000000000227373675443232059478759765625%. If you have a 0.000000000001136868377216160297393798828125% benefit from a 100% effort, then the repetition rate is 0.000000000001136868377216160297393798828125%. If you have a 0.0000000000005684341886080801486968994140625% benefit from a 100% effort, then the repetition rate is 0.0000000000005684341886080801486968994140625%. If you have a 0.00000000000028421709430404007434844970703125% benefit from a 100% effort, then the repetition rate is 0.00000000000028421709430404007434844970703125%. If you have a 0.000000000000142108547152020037174224853515625% benefit from a 100% effort, then the repetition rate is 0.000000000000142108547152020037174224853515625%. If you have a 0.0000000000000710542735760100185871124267578125% benefit from a 100% effort, then the repetition rate is 0.0000000000000710542735760100185871124267578125%. If you have a 0.00000000000003552713678800500929355621337890625% benefit from a 100% effort, then the repetition rate is 0.00000000000003552713678800500929355621337890625%. If you have a 0.000000000000017763568394002500461778106689453125% benefit from a 100% effort, then the repetition rate is 0.000000000000017763568394002500461778106689453125%. If you have a 0.0000000000000088817841970012502308890533447265625% benefit from a 100% effort, then the repetition rate is 0.0000000000000088817841970012502308890533447265625%. If you have a 0.00000000000000444089209850062511544452667236328125% benefit from a 100% effort, then the repetition rate is 0.00000000000000444089209850062511544452667236328125%. If you have a 0.000000000000002220

K Mary K. Rivard *Ref* 10-14-02

A Mary K. Rivard *MR* 10-14-00



**Physician Report**

GREL: O Guarrantor: HOME DEPOT,  
Ins #1: N55 MEDICARE O/P Policy #1: 064209120A  
Ins #2: I53 BANKERS LIFE Policy #2: 900191878  
Ins #3: P99 PERSONAL-NO INS Policy #3: 00

MRN: 000000301073 Encounter #: 005006946650  
Name: RIVARD, MARY, K  
Street: 166 CHAPMAN PLACE  
City: LEOMINSTER, ST: MA Zip: 01453  
Age: 76Y DOB: 10/24/1925 Sex: F Phone: (978)466-6991  
Date of Registration: 10/14/02 15:44  
PCP: HABERMAN, MARK L.

Patient arrived via private automobile. The patient's condition upon arrival was stable. Accompanied by spouse. The patient is a good historian.

**CHIEF COMPLAINT:** facial injuries.

Patient presents s/p fall after tripping over a bag of cement at Home Depot. She states she didn't see the bag and fell primarily on her left side/face. She felt a "crack". She states she did not have LOC. Fall was witnessed.

**REVIEW OF SYSTEMS:** Head: No headache. Eyes: no pain, discharge, or recent change in vision.

Ears: No infections, hearing loss, tinnitus, vertigo or discharge.

Nose: noted nose bleed during interview which was limited. No congestion.

Throat: No sore throat, dysphagia, or hoarseness. Neck: No pain, stiffness, or swelling. Neurological: No headache or focal neurological symptoms. Cardiac: No chest pain or palpitations. Respiratory: No cough or dyspnea.

Musculoskeletal: No significant back pain.

Skin: ecchymosis and abrasion to the left upper maxillary and orbital area. Also notes facial numbness on the left which includes left upper incisors.

**PMH:** history of CAD.

**PHYSICAL EXAM:** Vital Signs: She is afebrile. BP 125/98. Pulse 60. HEENT: ecchymosis to the left orbital area. Abrasion to the left lateral face. No obvious deformity. Skin: abraded on left 2nd digit. NOSE: bleeding noted for approximately 65 minutes. WELL controlled. Facial movements are symmetrical. No evidence of motor loss. Sensation loss noted along midmaxillary line. TONGUE: midline.

. Negative Battle/Raccoon sign.

No c/o of diplopia. EOMS intact. PERLA. Fundi benign.

NECK: supple. No C-Spine tender.

LUNGS: CTA

MOTOR: negative.

NEURO: nonfocal except as noted. XRAY: Facial bones. Sinus fullness on the left. Likely maxillary fracture.

Reviewed with ED physician.

**DIAGNOSIS:** Left facial fracture-maxillary.

Dentition intact.

Lesser orbital nerve sensation loss. No motor loss.

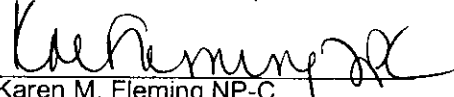
The following medications were given to the patient at discharge: none  
TD was given per nursing.

The following prescriptions were given to the patient: none

Patient was discharged home. The patient is well appearing upon discharge, appearing in no apparent distress. Return is advised if condition worsens in any way.

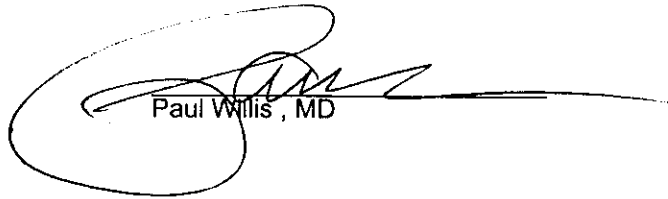
Printed instructions given for care as written. ENT reevaluation to be arranged by patient. Patient is also strongly advised re: head injury warnings. Call if visual changes, fever chills or concerns. Bacitracin to abrasions.

Copy of chart was faxed to Dr. Mark Haberman and Dr. Daniel Ervin.

  
Karen M. Fleming NP-C

Mon Oct 14, 2002 1830

Case discussed with Paul Willis, MD who is in agreement with evaluation and treatment as stated above.



Paul Willis, MD



|   |  |   |   |           |   |
|---|--|---|---|-----------|---|
| Date<br>10/14/02  | Time<br>1525   | Patient's Name<br>Rivard, Mary  | DOB<br>10/24/35   | Age<br>67 | Sex<br>M F  |
| Arrived <input checked="" type="checkbox"/> Walked <input type="checkbox"/> Carried <input type="checkbox"/><br>By: <input type="checkbox"/> Wheelchair <input type="checkbox"/> Ambulance  | Accompanied <input type="checkbox"/> Family <input type="checkbox"/> Friend<br>By: <input type="checkbox"/> Self <input type="checkbox"/> Other              | Info Provided By: <input type="checkbox"/> Patient <input type="checkbox"/> Family <input type="checkbox"/> Translator <input type="checkbox"/> Other | Language: <input type="checkbox"/> English <input type="checkbox"/> Other   |           |   |
| PRE-HOSPITAL CARE<br><input type="checkbox"/> O <sub>2</sub> <input type="checkbox"/> C-COLLAR <input type="checkbox"/> SPLINT <input type="checkbox"/> OTHER<br><input type="checkbox"/> IV #G <input type="checkbox"/> SITE <input type="checkbox"/> BACKBOARD <input type="checkbox"/> DRESSING  |  |   | IMMUNIZATIONS<br>U.T.D. Yes / No  |           |   |
| CHIEF COMPLAINT<br>NURSING HISTORY: Pt. tripped over a bag of cement @ home depot yesterday. Landed on his face - had abrasions to side of face & temple area. Escapement to side of face. No numbness to upper lip "tap, tap" to side of face - "fells like I got brucan" NO LOC Pain Scale 0-10, 10 = worst. No discomfort. (Time of Last Meal) |  |   | TETANUS<br><input type="checkbox"/> Under 5 years<br><input checked="" type="checkbox"/> Over 5 years<br><input type="checkbox"/> Unknown<br>L.M.P.<br>Date: <input type="checkbox"/> Normal <input type="checkbox"/> Abnorm.<br><input type="checkbox"/> Pregnant<br>E.D.C.: |           |   |
| VITAL SIGNS<br>BP 105/65 P 60 R 18 T 97.2   | PULSE OXY 95% WT 70 LB   | VISUAL CORRECTIVE LENSES: YES / NO<br><input type="checkbox"/> YES <input type="checkbox"/> NO  |   |           |   |
| ALLERGIES<br><input checked="" type="checkbox"/> NKDA   | RESPIRATORY  |   | PUPILS N/A  |           |   |
|   | AIRWAY<br><input checked="" type="checkbox"/> Patent<br><input type="checkbox"/> Cough<br><input type="checkbox"/> Dyspnea<br><input type="checkbox"/> Other |   | BREATH SOUNDS<br>R L<br><input checked="" type="checkbox"/> Clear<br><input type="checkbox"/> Rales<br><input type="checkbox"/> Wheezes<br><input type="checkbox"/> Diminished  |           | Reactive L R Pinpoint L R<br>Sluggish L R Dilated L R<br>Size L mm R mm |
|   | CIRCULATORY  |   | BEHAVIORAL ASSESSMENT   |           |   |
|   | PULSE <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular   |   | <input checked="" type="checkbox"/> Cooperative <input type="checkbox"/> Anxious  |           |   |
|   | SKIN COLOR <input checked="" type="checkbox"/> Normal  |   | <input type="checkbox"/> Uncooperative <input type="checkbox"/> Depressed   |           |   |
|   | <input type="checkbox"/> Pale <input type="checkbox"/> Ashen <input type="checkbox"/> Mottled  |   | <input type="checkbox"/> Hostile <input type="checkbox"/> Agitated  |           |   |
|   | <input type="checkbox"/> Cyanotic <input type="checkbox"/> Flushed <input type="checkbox"/> Jaundice   |   | <input type="checkbox"/> Other  |           |   |
|   | <input type="checkbox"/> Other   |   |   |           |   |
|   | SKIN TEMPERATURE <input checked="" type="checkbox"/> Warm <input type="checkbox"/> Dry   |   | <input type="checkbox"/> Unable <input type="checkbox"/> ABDOMINAL N/A  |           |   |
|   | <input type="checkbox"/> Hot <input type="checkbox"/> Cool <input type="checkbox"/> Cold <input type="checkbox"/> Moist                                      |   | <input checked="" type="checkbox"/> No Complaints <input type="checkbox"/> Soft <input type="checkbox"/> Rigi   |           |   |
| <input type="checkbox"/> Other  |  | <input type="checkbox"/> Non-Tender <input type="checkbox"/> Tender   |   |           |   |
| <input type="checkbox"/> Other  |  | <input type="checkbox"/> Other  |   |           |   |
| MUCOUS MEMBRANE <input type="checkbox"/> Moist <input type="checkbox"/> Dry   |  | Last BM   |   |           |   |
| <input type="checkbox"/> Unable <input type="checkbox"/> INTEGUMENTARY N/A  |  | <input type="checkbox"/> Unable <input type="checkbox"/> GU ASSESSMENT N/A  |   |           |   |
| <input type="checkbox"/> Intact <input checked="" type="checkbox"/> Abrasion <input type="checkbox"/> Laceration <input type="checkbox"/> P.W.  |  | <input checked="" type="checkbox"/> No Complaints <input type="checkbox"/> Flank Pain   |   |           |   |
| <input type="checkbox"/> Avulsion <input checked="" type="checkbox"/> Bruise <input type="checkbox"/> Rash <input type="checkbox"/> Burn  |  | <input type="checkbox"/> Burning/Frequent <input type="checkbox"/> Hematuria  |   |           |   |
| Bleeding: <input checked="" type="checkbox"/> Controlled <input type="checkbox"/> Uncontrolled  |  | <input type="checkbox"/> Incontinent <input type="checkbox"/> Foley to BSD  |   |           |   |
| <input type="checkbox"/> Other  |  | <input type="checkbox"/> Other <input type="checkbox"/> Pain  |   |           |   |
|   |  | <input type="checkbox"/> Vag. Bleeding  |   |           |   |
| MEDICAL/SURGICAL HISTORY  |  | GENERAL APPEARANCE  |   |           |   |
| <input type="checkbox"/> No Previous Health Problems  |  | <input checked="" type="checkbox"/> Appropriate Dress for Weather   |   |           |   |
| <input type="checkbox"/> Heart Disease <input type="checkbox"/> Stroke <input type="checkbox"/> G.I.  |  | <input type="checkbox"/> Healthy <input type="checkbox"/> ILL-Appearing   |   |           |   |
| <input type="checkbox"/> Angina <input type="checkbox"/> Seizures <input type="checkbox"/> Psychiatric  |  | <input type="checkbox"/> Obese <input type="checkbox"/> Thin <input type="checkbox"/> Frail <input type="checkbox"/> Unkern                           |   |           |   |
| <input type="checkbox"/> HTN <input type="checkbox"/> Kidney Disease <input type="checkbox"/> History   |  | <input type="checkbox"/> Other  |   |           |   |
| <input type="checkbox"/> Asthma <input type="checkbox"/> Cancer <input type="checkbox"/> ETOH/Drugs   |  | NEONATAL/PEDIATRIC N/A  |   |           |   |
| <input type="checkbox"/> Lung Disease <input type="checkbox"/> Arthritis  |  | Age Appropriate Growth/Development  |   |           |   |
| <input type="checkbox"/> Diabetes <input type="checkbox"/> Hearing Loss <input type="checkbox"/> Smoker   |  | <input type="checkbox"/> Yes <input type="checkbox"/> No  |   |           |   |
| NUTRITIONAL ASSESSMENT  |  | COLOR   |   |           |   |
| Appetite: <input type="checkbox"/> Good, unchanged <input type="checkbox"/> Decreased <input type="checkbox"/> Poor   |  | <input type="checkbox"/> Normal <input type="checkbox"/> Playful <input type="checkbox"/> Alert   |   |           |   |
| ABUSE ASSESSMENT: Pt. at risk for   |  | <input type="checkbox"/> Pale <input type="checkbox"/> Quiet <input type="checkbox"/> Sleepin   |   |           |   |
| Neglect/Violence/IPV <input type="checkbox"/> Yes <input type="checkbox"/> No   |  | <input type="checkbox"/> Cyanotic <input type="checkbox"/> Fussy <input type="checkbox"/> Letharg   |   |           |   |
| NURSING INTERVENTION  |  | CRYING QUALITY  |   |           |   |
| <input type="checkbox"/> N/A <input type="checkbox"/> Ice <input type="checkbox"/> Splint <input type="checkbox"/> Dressing <input type="checkbox"/> Emotional Support  |  | <input type="checkbox"/> Strong/Normal <input type="checkbox"/> Consolable  |   |           |   |
| <input type="checkbox"/> Other  |  | <input type="checkbox"/> Whimpering <input type="checkbox"/> Moaning/Highpitche   |   |           |   |
| <input type="checkbox"/> X-Ray <input type="checkbox"/> Lab   |  |   |   |           |   |
| TRIAGE CLASS  |  | SPEECH  |   |           |   |
| <input type="checkbox"/> Emergent <input type="checkbox"/> Urgent <input checked="" type="checkbox"/> Non-Urgent  |  | <input type="checkbox"/> Coherent <input type="checkbox"/> Incoherent   |   |           |   |
| Triage Nurse Signature<br>Ruthy McManus   |  | <input type="checkbox"/> Slurred <input type="checkbox"/> Nonverbal   |   |           |   |
|   |  | <input type="checkbox"/> Other  |   |           |   |

| DISCHARGED   | ADMIT   | TRANSFER  | OTHER  |
|--|---|---|--|
| To: <input checked="" type="checkbox"/> Home <input type="checkbox"/> NH <input type="checkbox"/> Other _____<br>Mode: <input checked="" type="checkbox"/> Walk <input type="checkbox"/> W/C <input type="checkbox"/> Crutches<br><input type="checkbox"/> Ambulance <input type="checkbox"/> Carried<br>Time: <u>1730</u> With: <u>spouse</u> | Unit: _____<br>Mode: <input type="checkbox"/> O2<br><input type="checkbox"/> Stretcher <input type="checkbox"/> Monitor<br><input type="checkbox"/> W/C <input type="checkbox"/> RN<br>Time: _____<br>Report Given to: _____<br><input type="checkbox"/> Valuables list | To: _____<br>Mode: <input type="checkbox"/> Ambulance <input type="checkbox"/> Car<br><input type="checkbox"/> Helicopter _____<br>Accompanied by: <input type="checkbox"/> Family <input type="checkbox"/> Friend<br>Time Left Dept.: _____<br>Report Given to: _____<br><input type="checkbox"/> COBRA<br><input type="checkbox"/> Valuables list | <input type="checkbox"/> AMA <input type="checkbox"/> Expired<br><input type="checkbox"/> COBRA<br><input type="checkbox"/> Restraints<br><input type="checkbox"/> Conscious Sedation<br><input type="checkbox"/> Management of Deceased |

\*\*\*Final Report\*\*\*

Printed: 10/14/2002 17:16:34

**UMass Memorial**

HealthAlliance - Leominster

60 Hospital Road, Leominster, MA 01453

Patient Name: **RIVARD, MARY**  
Account Nbr: **005006946650**  
MRN: **30-10-73**  
DOB: **10/24/1925** Sex: **F**  
Phone Nbr: **(978)466-6991**  
Svc: **LER**

Pt. Class: **EMERGENCY**  
Order No: **90006**  
Ordering Dr: **FLEMING, KAREN**

Pt NS/Room:  
Priority: **STAT**  
Primary Care Dr: **HABERMAN, MARK L.**

**DATE OF EXAM: Oct 14 2002****LXR 4602 - XR FACIAL BONES COMPLETE : CPT: 70150****CLINICAL HISTORY: INJURY.**

**RESULT:** Four views of the facial bones demonstrate evidence of an air fluid level within the left maxillary sinus. There appears to be a disruption of the lateral wall of the left maxillary sinus. Clinical correlation is needed. The right maxillary sinus is normal as well as the ethmoids and frontal sinuses. An orbital or mandibular fracture is not seen.

**IMPRESSION:** Evidence of fracture through the posterior lateral wall of the left maxillary sinus with an air fluid level.

**DATE OF EXAM: Oct 14 2002****LXR 4605 - XR MANDIBLE COMPLETE : CPT: 70110****CLINICAL HISTORY: INJURY.**

**RESULT:** Three views of the mandible demonstrate no evidence of mandibular fracture.

**Interpreting Physician:** **WALTERS, GUILLERMO, M.D.**  
**Transcribed by / Date:** **JAR on Oct 15 2002 8:51A**  
**Approved Electronically by / Date:** **WALTERS, GUILLERMO, M.D. Oct 15 2002 9:51A**

**Distribution: Attending** **WILLIS, PAUL**  
**PCP** **HABERMAN, MARK L.**

# HEAD INJURY

You have suffered a head injury, and even though you are being allowed to go home, a relative or friend should stay with you, and you both should read the following instructions:

During the first 24 hours:

1. Eat and drink very little. Clear liquids are best if your stomach is upset.
2. Drink no alcoholic beverages.
3. Relax in bed if possible. No school for children; no work for adults. Do not exert yourself in any way.
4. No sedatives or sleeping pills.
5. Do not drive a car or operate tools and instruments which could harm you if you were not alert.
6. Try to nap or sleep with the head elevated on at least one or two pillows. Do not sleep flat.
7. If the patient had previously lost consciousness ("passed-out") following injury, we advise that they not be allowed to sleep for periods longer than two hours without being aroused. They should not be left alone.
8. Avoid Aspirin or compounds containing Aspirin. Use acetaminophen (Tylenol) instead.

If any of these symptoms appear, call your doctor or return to the Emergency Department immediately:

1. Persistent nausea or vomiting (more than twice).

(over)

# HELP YOUR INJURY HEAL!

*Please follow these directions!*

Prepared by:



MASSACHUSETTS CHAPTER

AMERICAN COLLEGE OF  
EMERGENCY PHYSICIANS

792 South Main Street, Suite 208 • Mansfield, MA 02048-3109 • 508-339-5759

2. Confusion, unusual drowsiness or loss of memory.
3. Dizziness, trouble walking or staggering gait.
4. Convulsions or seizures ("fits"). These are twitching or jerking movements of either the eyes, arms, legs or body.
5. Pupils of unequal size. The pupil is the dark center portion of the eye.
6. A severe headache or a headache that is worsening or persistent.
7. Personality changes.
8. Weakness or trouble with the use of arms or legs; or areas of skin numbness.
9. Unconsciousness or fainting.
10. Stiff neck or fever.
11. Visual disturbances including blurring of vision and double vision.
12. Unusual sounds in the ear(s), such as ringing.
13. Bleeding or clear liquid drainage from the ears or nose.
14. Difficulty speaking or slurred speech.
15. Excessive sleepiness or difficulty rousing the patient from sleep.
16. Developing shortness of breath or difficulty breathing.
17. Any unusual or abnormal symptoms.

It is important that you report to your follow-up doctor for any new or remaining problems following your head injury. It is not uncommon for patients to have persistent or recurring headaches following their head injury, however, these patients and patients who have remaining difficulties should be followed either by their own physician or a follow-up doctor.

Should you have any questions or difficulties, do not hesitate to contact your own physician or return to the Emergency Department.